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## EDITORIAL COMMENT

### THE ROCKEFELLER FOUNDATION AND NURSING EDUCATION

The three luncheons given by the Rockefeller Foundation to workers in the nursing field, and others directly interested, during the last week in February, at the Hotel Commodore in New York, were events which we have every reason to believe mark an era in nursing progress, bringing together, as they did, not only nurses, but college presidents, members of the medical profession, and others. These luncheons were given in groups of about sixty; the public health workers early in the week, hospital administrators on the 27th, and the teaching body on Saturday, February 28.

The president of the Rockefeller Foundation, Dr. George Vincent, presided at all of these luncheons, and the discussions were informal and free. While there were no definite plans agreed upon, committees were appointed to make thorough studies of the educational needs of each group separately, before determining what line of procedure it would be best to follow in each instance.

Among the nurse educators present on the 28th were Misses Edith Bryan, Elizabeth C. Burgess, Ida M. Cannon, S. Lillian Clayton, Adda Eldredge, Elizabeth G. Flaws, Annie W. Goodrich, Carolyn E. Gray, Jean Gunn, Sally Johnson, Mary L. Keith, Maude Landis, Laura R. Logan, Anna C. Maxwell, Clara D. Noyes, M. Adelaide Nutting, Sophia F. Palmer, Sara E. Parsons, Isabel Stewart, Julia Stimson, Anne Hervey Strong, Lillian D. Wald, Mary C. Wheeler, and Helen Wood. Among the college representatives, medical men, etc., were Dr. A. S. Downing, Dr. Alexander Lambert, Professor Herbert E. Mills, Father Charles B. Moulinier, Dr. Richard M. Pearce, Dr. Frederic A. Washburn, Dr. C. H. Young, Josephine Goldmark.

### THE SHORTAGE OF NURSES

Dr. A. S. Downing, of the Education Department of Albany, taking part in the discussion of the shortage of women, not only to

fill the many fields in public health and other lines of nursing, but the scarcity of nurse students for the schools, gave a very interesting description of the conditions existing in all professional schools, showing that in the church, in medicine, pharmacy, and most especially in the teaching field, the lack not only of trained workers, but of students necessary for the future, was universal and unprecedented. He thought the shortage of nurses was only a part of the shortage of workers in all the professional fields, and that the fault lay in the fact that the boys and girls in the homes, and in the elementary schools as well as in high schools and colleges, have not been and are not being properly imbued with a sense of moral obligation towards society.

We believe Dr. Downing's argument in regard to what we call the shortage of nurses is right. Our training schools, taken as a whole, are finer than they ever have been, and the women entering the schools are of a better type than we have ever had in the history of the profession. The demand is greater because new hospitals are developing, and the shortage of applicants is part of the universal shortage. But we believe that what we have been considering as a shortage of graduates, is really due to the diversion of hundreds and thousands of our nurses into new lines of work. The army still has a considerable force enrolled. The United States Public Health Service is increasing its personnel constantly, and expects to add to, rather than decrease its force. The Red Cross has, in this country alone, twenty-three or twenty-four hundred nurses in its employ, including all fields, and this number does not include the nurses who may be employed by local chapters, either as secretaries or in public health work. All of these departments have drawn their recruits almost entirely from nurses engaged in private duty work, which has created such a shortage in that field that the people in our homes are those suffering most for nursing care.

We say without hesitation, that the poor and the people of moderate means, because of this great broadening out of public health work, are having better attention and care than they have ever known, but it is the people of great wealth, and those who are able to pay for the service of a nurse in their homes, who cannot secure in times of unusual illness the services of properly trained women. In other words, the trained nurse has so made good in these fifty years of her existence, that the demand is increasingly greater than the supply.

### Rank for Nurses Passed the House

In response to an S. O. S. call from Mrs. Greeley, fifty nurses were in the House of Representatives on Monday, March 1st, to lobby for Rank for Nurses, as included in the reorganization bill of the

army. The attitude of the congressmen was found to be generally friendly. Some of them showed bunches of telegrams and letters, showing the interest of their home nurses. A few were hostile. Several objected because giving rank would mean that nurses in the future would have to be pensioned. One thought if nurses got rank they would be like everybody else—refuse to work. Another thought if given rank they might ill treat their patients. Such objections simply show that some members need educating.

On March 12, at 4:20 p. m., when the Army Reorganization bill of the House of Representatives was under consideration, debate on Section 9 having been finished, the clerk read Section 10, providing for rank for nurses. There was a slight pause, silence, and he began to read Section 11. Representative Caldwell of New York rose and called the attention of the members to the fact that rank for nurses had been granted by the House in Committee of the Whole without a dissenting voice.

Before this JOURNAL reaches our readers, the bill will have been taken up, we hope, by the Senate for consideration, and approved. If not, let everyone get busy and make sure that each senator understands what rank means and how nurses and their friends feel about it. It will not do any harm to let even those senators who are pledged to it, hear again from their home people.

## THE NIGHTINGALE CENTENARY

We mentioned in our March issue that plans were under consideration for the celebration of the Nightingale Centennial on May 12. A national committee has been formed to encourage local celebrations of the event, and a partial list of the members is as follows: Mrs. Edward Everett Hale, Mrs. John Lowman, Mrs. James Hickey, Mr. James C. Auchincloss, Mr. Joseph Ames, Prof. C. E. A. Winslow, Katharine Tucker, Lillian D. Wald, Martha J. Wilson, Mrs. William Church Osborn, Mary S. Gardner, Edna L. Foley, Mrs. N. S. Soule, S. Lillian Clayton, M. Adelaide Nutting, Annie W. Goodrich, Clara D. Noyes, Mary M. Riddle, Mary C. Wheeler, Laura R. Logan, Effie J. Taylor, Anna C. Jammé, Anna C. Maxwell, Amy M. Hilliard, Sophia F. Palmer, Lillian L. White, Georgia M. Nevins.

Included in the plan for this celebration is a series of tableaux setting forth certain interesting events in the life of Florence Nightingale, and motion pictures. Pamphlets and literature showing the plan in detail can be had by sending to the National Organization for Public Health Nursing, at 156 Fifth Avenue, New York. While it is true that the appeal is made directly to nurses and training schools to lead in this Nightingale centennial, it is urged that local committees

representing people of leisure, who can give time to the development of such plans, distribution of literature, and newspaper publicity, be appointed. It is expected that this celebration will serve the double purpose of showing honor to the founder of the nursing profession, and of giving a wider knowledge of nursing and nursing schools to the public.

Almost every community, from the small village to the larger city, has a group of young people interested in amateur theatricals who love to get up a play, and by appealing to such groups and keeping closely enough in touch with the plans they make to be sure their presentation is historically correct, there would be a great opportunity for interesting great numbers of people in nursing. Let everybody get busy. Here is an occasion when a very important piece of professional work gives an opportunity for a good time.

One of the most interesting features of the celebration is the prize of $500.00 offered by the Central Council for Nursing Education, for the best play based on incidents in the life of Florence Nightingale. The announcement of the competition, which closes September 1, 1920, will be sent to a large list of women's colleges, and is expected to stimulate interest in the nursing profession among college women. The committee appointed to judge the manuscripts consists of Mrs. Minnie Maddern Fiske, Miss Marylka Modjeska, Miss Alice Beer and Miss Lillian D. Wald. We hope this prize will be obtained by a nurse. Go to it!

## The Memorial Fund

The contributions of nurses to the Memorial Fund has, in many places, been most spontaneous and generous. In other sections, where our members are equally prosperous, there has seemed to be such a lack of interest that it is quite evident they simply have not caught the spirit, probably for want of an enthusiastic leader.

Nurses in every state have contributed something. One state has gone over the top. Individual nurses have subscribed amounts varying from fifty, twenty-five and ten dollars, down to five dollars, but the great bulk of the full amount received to date, has come in group contributions of $1.00 each, or less.

There is time for one last, long pull all together before the Atlanta convention to complete the most sacred pledge we, as a profession, have ever made. We have gone too far in this to withdraw. We cannot disappoint the women of France, to whom the war has brought a realizing sense of their lack of skilled nursing, or Dr. Anna Hamilton, whom we have led to believe that she will be able to carry forward her wonderful work through our coöperation. Nor must we be

found wanting in loyalty to those of our number who gave their lives in this World War.

Since our last report there has been one donation of $1,000, received from a lay woman, Miss Julia B. Gillespie, who sent this subscription to the *Journal* representative through Mrs. H. P. Davison at the time of the Rockefeller Foundation luncheon on February 28. Perhaps there are others who may have a strong personal interest in this fund, either because of some nurse who died over there, or some soldier who was sick and was cared for by one of our nurses.

The object which must be constantly kept in mind is that we are hoping, through the creation of this memorial, to enable the Bordeaux School to become a great teaching center, from which will be developed a Nightingale system of nursing for all of France, as we have it in our own country, as a tribute to those American nurses whose lives were sacrificed to a high ideal.

As we close our pages, a telegram has been received from Miss Anna C. Maxwell, telling us that the proceeds of an entertainment by the students of her school amount to $2,100.00. Added to that already in hand, this makes a total of more than $30,000.

## Cooperation in Public Health Work

The Red Cross, the National Tuberculosis Association and the National Organization for Public Health Nursing have entered into an agreement by which they will supplement each other by using the facilities of each, in common, by joining forces when it is an advantage to do so. At a meeting of representatives on December 5, 1919, the functions of these societies were clearly outlined.

## Are Our Disabled Nurses Being Properly Cared For?

The *Outlook* of March 3, commenting editorially, criticizes severely the failure of the government to provide the occupational education which was promised to disabled soldiers, with so much enthusiasm, during the war. The *Outlook* also refers to the same kind of criticism which had recently appeared in the *New York Times*, and gives in figures the amount of appropriations, the number of salaried employees and clerks, and the small number of disabled men who have actually been taken care of and fitted for self support.

We have reason to believe from information which has come to this office, that the government is failing in some degree in its promises to take care of disabled nurses, especially those suffering from tuberculosis. It is not enough that these persons are simply placed in a

public sanatorium. It should be somebody's business to know the kind of care they are receiving.

We suggest to any members of our three national associations who may be living in close proximity to sanatoria where the government is sending nurses for care as the result of war disability of any kind, that they make it their business to get into touch with such women by visiting them, showing them little attentions, and ascertaining in a tactful manner just what kind of care is being provided them by the government; bearing in mind that the nurses who served in the war were not draftees, but volunteers; that they represent a professional group with a sure means of livelihood; that they have not yet been given recognition by the government in any way for the service which they performed either overseas or at home, and that the very least which we have a right to demand is that those disabled shall have the very best scientific care that this country is able to provide.

Where conditions are found to be unsatisfactory, the same could be reported directly to Miss Minnegerode, Ohio Avenue and 15th Street, N. W., Washington, who is in direct charge of the care of sick nurses; Miss Noyes, Director of the Red Cross Nursing Service, Washington; Miss Julia C. Stimson, Superintendent, Army Nurse Corps Division, Washington, or to this office.

## The Atlanta Meetings

We want to give a last reminder to our readers that the biennial convention of the American Nurses' Association will be held at Atlanta, Georgia, this month, April 12th through 17th. No nurse should miss this opportunity for professional stimulus, if she can possibly afford to go. The National League of Nursing Education and the National Organization for Public Health Nursing meet at the same time, and the latter organization will hold preliminary sessions for the organization of special groups of workers. For details in regard to the programmes, we would refer our readers to the March *Journal* where, under Nursing News, an outline is given which will be followed, much as it stands there, though some changes are always made during the last weeks preceding the convention. All nurses of the country are welcome at these meetings and every session is open to them, whether they are delegates or not, except one session of the Private Duty Section, where only those engaged in that occupation will be admitted. It is hoped that there will be a large and representative attendance and that many nursing problems will seem clearer after they have been discussed in conference.

## A Slight Change of Policy

With all other magazines, this JOURNAL is feeling the increased cost of manufacture, and will, until the business of the country is more settled, follow a course of conservation of its resources. One of the economies agreed upon will be the discontinuing the official directory as a monthly bulletin, having it appear from time to time during the year; the same course will be followed with the JOURNAL book department pages, which will be given space as we have room for them. Each time that these two departments are printed, a small number of reprints will be made so that those of our readers having very special use for them may obtain copies. For the official directory a charge of ten cents will be made.

The discontinuing of our book department pages will not mean that we are in any way lessening our activities along those lines, but we will add to our profit the cost of printing the announcement pages, which is considerable, taking the year through; for a few months we are going to rest upon the reputation we have already made in being able to take orders for any number of books wanted.

Our book reviewing department gives each month the new books which are received in this office and these will be added when the lists are printed, from time to time.

The offer made by the JOURNAL to the League for a special department of sixteen pages, with a special editor, will have to be held indefinitely in abeyance, until the general business situation has improved.

We have been in the habit of printing, without regard to cost, the contributions to the Nurses' Relief Fund, the Robb Fund, and, recently, the names of contributors to the Memorial Fund. As has already been announced, the Memorial Fund was closed on the 15th of March, and after this issue of the JOURNAL, names of individual contributors may not be given, but simply the amount of the contributions from month to month, with the sum total.

We ask those of our readers who are in executive positions where they are responsible for buying, to consult our advertising pages, and to give the business firms who are advertising with us at least an opportunity to bid on the articles needed. With the increased cost of production, our advertising becomes even more necessary to the JOURNAL'S business prosperity than ever before. We have constant evidence of the value of our pages to our advertisers. A recent letter from a publisher tells us that a book advertised in one issue of our JOURNAL brought one hundred and fifty orders.

This retrenchment will not in any way detract from the

professional value of the JOURNAL, which will be maintained, if anything, at a higher standard of efficiency. We ask our readers, again, who are engaged in new lines of work, and who are in institutons where new methods of treatment and of nursing procedure are constantly being established, to send short, practical descriptions of the same to us, for which we gladly pay.

We also ask those of our readers who are members of the American Nurses' Association, not to rest easy until they have sent at least one new subscriber to the JOURNAL. We cannot have an intelligent profession; we cannot go forward with a strong, universal pull together, until all of our members are readers of the JOURNAL and keep in touch with the progress of nursing the world over, and this magazine is the only journal in this country which furnishes this general knowledge, month by month. Our JOURNAL has never been so popular nor our subscription list so large as at the present time.

## A PERMANENT COMMITTEE FOR THE MEMORIAL FUND

The following committee has been appointed to have charge of the Memorial Fund, both in this country and overseas, with Mrs. Henry P. Davison, of New York, as chairman, and the following members: Miss Alice Fitzgerald, Mrs. Charles Tiffany, Misses M. Adelaide Nutting, Anna C. Maxwell, Clara D. Noyes, Mr. Ethan Allen, Mr. C. A. Coffin, and Miss Ruth Morgan.

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## AN ADDRESS WANTED

Mrs. H. C. Rydell, 705 Cookman Avenue, Asbury Park, N. J., is trying to get into communication with Miss Anna C. Foster, the nurse who cared for her son, Corporal Rydell, who was reported wounded on October 12, 1918, and who died in a Base Hospital in France. Mrs. Rydell received a letter under date of November, 1918, signed by Anna C. Foster, no address given, who stated she promised Corporal Rydell that she would see his mother when she returned to the United States, even though it seemed very remote at that writing.

# LUMBAR PUNCTURE

By Herman Goodman, B.S., M.D.
*New York, N. Y.*

As was stated in the first article of the series, What a Nurse Should Know About Syphilis, Fournier recognized a relation between general paresis (general paralysis of the insane), tabes dorsalis (locomotor ataxia), and syphilis. It was left to later investigators in the light of the great advances in bacteriology, serology, and pathology of the 20th century to prove these affections to be directly due to the syphilitic infection, and not parasyphilitic, that is, due to the toxins of an antecedent syphilis.

In the effort to learn the character of the spinal fluid, and to give more direct contact between the affected nervous tissue and the therapeutic agent, usually salvarsanized serum,—lumbar puncture has become a routine procedure in the practice of most syphiologists.

When lumbar puncture, or spinal puncture as it may be called, is ordered, the nurse should make the following preparations:

1. The patient is to be put to bed, wearing a night shirt that is open, full length, in the back.

2. A bedside table and a low stool are to be placed beside the bed.

3. The bed should be so arranged as to have the best light on the back of the patient, who is to lie on his left side.

4. The lumbar puncture tray should be brought.

The nurse should observe the most strict aseptic precautions. She should be able to vouch for everything, once the preparation of the lumbar puncture tray is entrusted to her. The tray should have:

(a) Lumbar puncture needles having good points, the stylet should be easily withdrawn but a good fit. Needles showing any signs of rust should not be used. The needles after thorough cleansing are best sterilized by dry heat, each needle within a long, hard glass test tube plugged with cotton. If the hot air sterilizer is not available, the spinal needles should be sterilized by boiling in distilled water. The water must be boiling for at least seven minutes. The needles are transferred to a sterile towel, using a sterile forceps.

(b) Two dry, sterile, labeled, and corked test tubes.

(c) Solution of green soap.

(d) Alcohol.

(e) Ether.

(f) Sterile towels.

(g) Sterile gauze wipes.

(h) Sterile cotton.
(i) Tincture of iodine.

Although many operators perform lumbar puncture without any anaesthetic, some doctors may require:

(j) 2 c. c. hypodermic syringe and needle.
(k) Half per cent. cocaine solution.

The patient lies on his left side, knees drawn up, head bent approximating the knees, and the hips slightly overlying the side of the bed. The patient's back must present a good curve. The region of the lower back is exposed, and a wide area about the lumbar vertebrae is scrubbed with soap solution, followed by iodine-alcohol, or alcohol-ether preparation, as the doctor directs. The nurse should always wipe away from the midline. Sterile towels are placed over the neighboring parts.

The nurse is occasionally asked to count drops per minute of spinal fluid flow, and should have her watch handy. She may be asked to hold the test tubes to catch the fluid. Ordinarily, about five c. c. is allowed to flow into the first tube, and 10 c. c. into the second. It is a breach in technic to have the test tube touch the needle, especially if a treatment is to follow.

After the needle is withdrawn, a pad of sterile gauze and a sterile towel are placed over the site, the patient turns over on his back, the pillows are removed, and most doctors will order the foot of the bed raised for six hours, and will leave a P. R. N. order for ¼ grain morphine.

Headache is perhaps the only symptom following lumbar puncture. It may be severe, especially in persons in whom syphilitic involvement of the nervous system is not present, nor advanced in character. Lumbar puncture headache is more often absent in marked cases of cerebro-spinal syphilis.

The patient should be urged to drink plenty of water, to stay flat, and to sleep if possible. The diet should be restricted to tea and toast. Confinement to bed for 18 hours following the puncture should be enforced.

The sample of spinal fluid should be labeled with the name of the patient, and other data for the information of the laboratory. All forms should be marked "spinal fluid." The cell count of the specimen should be done immediately following the withdrawal of the fluid. The doctor may do it at the bed side, or if in an hospital, the specimens are immediately carried to the laboratory. The test for albuminous content is also performed on the freshly withdrawn fluid.

The Wassermann test is usually done in various dilutions. The Lange gold colloidal test is also done. In most laboratories the second

tube, containing more spinal fluid than the first, is reserved for these two delicate tests, the first tube being probably contaminated each time fluid was withdrawn for cell count and globulin determination.

By the results of such a complete analysis as just outlined, together with a complete physical and neurological examination, the diagnosis early of impending cerebro-spinal syphilis is facilitated, and the diagnosis in advanced cases is confirmed.

Seldom will the nurse be entrusted with the preparation of the salvarsanized serum, so the technic need not be given here, further than to mention that the blood from the patient is collected in a sterile, dry, 50 c. c. centrifuge tube provided with a sterile cork.

For the intraspinous treatment, the nurse should add to the lumbar puncture tray, a small gravity tube, outlet at the bottom, with six inches of rubber tubing fitted with a male connection for the hilt of the lumbar puncture needle. A 30 c. c. glass barrel of a syringe does exceptionally well, with the rubber tube having a female connection to fit the syringe, and a male connection to fit the needle.

Following treatment, the patient receives the routine described after ordinary lumbar puncture.

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## MAINTAINING STANDARDS IN SMALL HOSPITALS AND TRAINING SCHOOLS[1]

By Stella Freidinger, R.N.
*John C. Proctor Hospital, Peoria, Ill.*

This is a problem and not a small one. In these days of centralization and concentration to secure business efficiency, the situation of the small hospital is unique. The last survey made by the American Hospital Association shows the entire number of hospitals in the United States to be 7,158, and of these, 3,004 have a capacity of less than 25 beds, 2,919 having a bed capacity of from 25 to 100. Therefore, the small hospital seems to be playing a very definite part in the conservation of the health of the nation.

What are the minimum standards necessary for a hospital? According to the American College of Surgeons, these are: First, a hospital must be equipped to give the community reasonable service in medical, surgical and obstetrical wards. Second, it must have a well organized staff which holds regular meetings, gives evidence of

[1] Read at the annual meeting of the Illinois State Association, Moline, December 4 and 5.

staff team work, and shows an interest in professional advancement and research work. Third, there must be data as to medical, surgical and obstetrical case records of all cases treated in the hospital. Fourth, there should be adequately equipped laboratories and X-ray departments, with a trained technician in charge, under direction of the pathologist and radiographer. Fifth, There must be a training school for nurses able to provide a well rounded theoretical course and to offer an active practical service.

Out of the war has come a new viewpoint of many problems and possibly that of public health is not the least. In the past the health of the individual has been assumed to be the responsibility of that indivdual,—to-day, we feel it is that of the community. Then, the community should feel the responsibility of the hospital as being the receiver of its bankrupt members, so far as health is concerned. It is the hospital's duty to restore these individuals to a former semblance of health and vigor, that they again may perform their part as citizens. The hospital is, then, not only a public benefactor, it is one of the community's soundest business institutions and should be conducted as such.

Many of our small hospitals are staggering under inadequate endowments and are bound by traditional ideals of rendering service to the sick without sufficient remuneration; consequently their buildings are inadequate, with insufficient equipment, and good service is impossible, because funds are not available. Because of this, many hospital authorities are recommending that the hotel plan be adopted in conducting a small hospital, a budget being planned which will provide for the room, board, laundry, service, and other incidentals in the care of the patient, and a sufficient allowance for up-keep; upon this to be based the rate of charge. Charity cases are to be cared for on endowed beds or through existing channels of charity organizations. Individuals entitled to county care should receive such, the county paying the existing ward rates for this care.

At first it may seem a cold business scheme, but it gives an opportunity to render more efficient service to the community which will be proud to have an institution which can compare favorably with the best. "Nothing succeeds like success."

To achieve these results the Board of Directors must have the coöperation of the Staff. They must see that the best interests of the hospital are their interests, that the welfare and contentment of the patient while in the hospital will have its influence on others who are in need of hospital care.

The Staff must be zealous in holding its members to the highest standards of work by regular staff meetings and discussion of

methods best suited to meet the needs of the community. The busy physician in an open staff hospital, as most of our middle-western hospitals are, does not always feel the need of writing a case history for the hospital, although he has it for his own office record. A simplified form and possibly a dictaphone or extra clerical help should make this possible. These case histories should be filed, and if possible a follow-up system should be devised that they may be available material.

The clinical laboratory will probably have its beginning in a very small way, sufficient for clinical medicine, but with a trained technician in charge, it should educate the staff to expect a more scientific basis for their diagnosis and thus establish public confidence.

And now comes what, to us, is the most vital part of the whole situation,—the training school for nurses. The nurse to-day is coming into her own; so many avenues are open to her, that it is difficult to choose, and still the three long years of training form a barrier which is keeping many promising young women from entering this field.

What can the small hospital offer when the larger teaching hospital with its well organized staff, its abundant equipment, and no financial burden, considers it a problem?

Again I repeat, it is the responsibility of the community. It is an educational institution which should be considered equal in importance to the school of agriculture, of business, of law, of dentistry, etc., and it must be financed accordingly. Its relationship is peculiarly with the hospital, as no plan of divorcing it from the partial apprenticeship of practical work has yet proven successful. The small hospital provides abundant clinical material—the human interest is there and more personal supervision is possible. The need is for instructors, satisfactory equipment, plenty of graduate supervisors, and more hospital workers to do the housekeeping work, that the nurses may have more actual time for nursing. Two plans have been suggested. One is that as the school's purpose is educational, a tuition fee should be charged, the work in the wards being considered as laboratory periods and credited as such. This would necessitate more thorough supervision, and would call for standardized equipment and nursing technique, and shorter hours of practical work.

The other plan has the same goal in view, but retains many of the old features and depends on a separate endowment for the training school or an increased budget for the hospital which will provide the educational features for the school.

It seems that with the assistance which is being given us by the Department of Registration and Education, some plan should be

formulated whereby the training school will be a decided link in the great scheme of education which our State is offering its young people. With a standard course of instruction and a full time instructor in the small school, the hours for theoretical work will not be encroached upon by the increasing demands for practical service, and there is an added dignity to the practical work because the student is made to realize the scientific value of the work she performs. In order to carry out the treatment on the ward as it has been demonstrated in the class-room, standardized equipment will be required throughout the hospital. The physician will be quick to appreciate the benefit derived for his patients, and thus his coöperation and the standardizing of routine treatments can be secured.

Although the eight-hour plan is not yet in operation in the majority of our hospitals, these conditions will help to bring it about. In one small hospital it is being accomplished by allowing three hours off duty on days without class periods and three and a half hours when there are class periods. One of the day nurses has four hours off in the afternoon and remains on the floor until nine o'clock p. m., not reporting for duty the next morning until eight o'clock. With the allowance for the midnight supper, the night nurses are on actual duty a little over nine hours. This plan has been in operation almost a year and has proven beneficial in every way,—it permits more time for recreation and study, makes it easier to plan for class and lecture periods, and gives real students instead of fagged pupils. No more nurses are required, but some of the housekeeping work has been eliminated by providing extra maids to care for the cleaning of rooms and furniture and routine work in duty rooms.

The night cook who provides a regular dinner for the midnight meal, has been the means of providing enough jellies, jams and preserves to serve the nurses' dining room throughout the winter; she also helps prepare the breakfast; in this way the day cook need not report for duty so early.

This may seem a very homely suggestion and yet it is helping to maintain standards by keeping the workers happy and contented.

The system of records planned by Miss Bell for the Training School can be used very successfully in the small school, as they are concise and in such a form that they do not require too much of the time of the busy superintendent of nurses.

Thus the small school has its advantages, and can play its part in preparing young women for that "finest of all arts," the care of the temple of the Soul and to be, indeed, true followers of the Lady of the Lamp,—Florence Nightingale.

# CHINA CALLS FOR NURSES

By Paul H. Stevenson

*Hofei, Anhwei, China*

This is the day of the trained nurse's opportunity in China. Never before, not even in the days of the world war, has there been as great a challenge to the ideals of service as there is to-day in the need of China for Christian nurses. With all the pathos and earnestness with which it formerly called for doctors, this great nation is asking the nursing profession of America to volunteer its best women for the task of training a body of Chinese young women for nurses in the new hospitals throughout the land.

After a half century of strictly pioneer work, the medical profession is beginning to reap its reward in China in no small way. Everywhere the old is giving way to the new, the old mission hospitals and dispensaries are a thing of the past and in their place are springing up new plants and institutions the equal in buildings and equipment to anything in the world. Furthermore, the doctors of China, instead of being all alone in their work with no assistance except that of their own immediate training, are rejoicing in the new day when good modern medical schools are being established and are turning out well trained, bright, and capable Chinese doctors in sufficient numbers to more and more adequately staff the new hospitals. With the knowledge that it can be invested here with the largest returns in service rendered to humanity, money through religious and other channels is coming to China in amounts that would have been unbelievable a few years ago and much of this money is going directly into medical education and the reconstruction and reorganization of medical and hospital work everywhere.

But doctors, good buildings, modern equipment, and ample funds do not make a hospital in China any more than they do in America. There must be nurses. To raise up and train a body of Chinese young women to take their place at the side of their brothers in the healing of their great nation, is the greatest problem of modern medical effort in China to-day. In fact, the next page in the development of hospitals in China must be written by the Christian American trained nurse, and until that task is begun in earnest, the process of hospital development pauses and marks time. Hospital plants well built and equipped will remain with closed doors, awaiting the establishment of training schools for nurses as a necessary part of their life.

But the call of China that sounds so clearly to-day is no ordinary

call for sacrificial service. The specific task that offers its challenge to the American trained nurse in the call for service in China is only a part of the greater problem; that of education among the women of the Far East. The Chinese women, wonderful in their capabilities and amply able to enter into and to hold their own in the new responsibilities that await them in the new China, are rapidly emerging from the position of inequality assigned to them by century old traditions. But the relationships of men and women in Eastern countries and the implications attached to any kind of work as far as the better class of women is concerned, makes the field of nursing a very delicate one. Those who volunteer for this important work, therefore, must be from the very best that our American institutions can turn out, both from the standpoint of training and of personality. The call comes for minds that are plastic and adjustable, souls that are true, and spirits that are unafraid,—for lives big enough to be offered upon the altar of service before a world's need. The call of China to-day is a call for the *investment of life*, where life counts for most while living, and the investment pays the largest dividends in the end.

The call of China to-day is the call of to-morrow's civilization. Politically, economically, and socially, the scene of to-morrow's activity is shifting from the Atlantic to the Pacific, to the very center of the world's crowded stage. All of the possible issues of the new day are bound up in embryo in the younger generation of the Far East, and to him who lives in this vantage area at the present time there comes the incalculable pleasure not only of being an eye witness to, but of actively participating in the working out of these great issues. A life that at home would live out its days in obscurity, lost in the conventional routine of existence, in China becomes not only an active factor in the growth and development of a great people but a vital force producing definite and visible results toward a new world.

No nurse in formulating her plans for humanitarian service can afford to ignore the incomparable advantages that China offers for the investment of her life.

# THE RELATION OF THE NURSE TO PULMONARY TUBERCULOSIS

By M. P.

(*Continued from page 464*)

It is very evident that this healing process requires a long time. This wall that the body builds around the invader is at first so thin and delicate as to be scarcely stronger than a film of mucous, but even that, if it is not broken, may be sufficient to retain the germs; and now will be seen the importance of absolute rest. A sudden exertion, even rapid breathing, may stretch and break this fragile wall and release the bacilli to form new spots of disease in uninfected portions of the lungs. This often occurs, and then the walling off process must begin all over again. The tuberculous lesions are often located near blood vessels, which in the progress of the disease may become involved; a slight exertion, a sudden deep breath, may rupture the weakened wall of the vein and cause a serious hemorrhage. It will be readily seen why rapid or deep breathing as a result of exercise is dangerous before these walls of resistance which are called scar tissues have grown firm and strong.

Even light exercise, such as walking, normally increases the number of heart beats up to twenty a minute, and the respirations three or four a minute; this of course, causes the blood to flow faster and the result in tuberculosis is that more poison than the body can take care of is flushed out of the diseased area, causing a rise of temperature and increased sputum.

Every motion normally causes cell destruction that the body must repair, and the less repairing of normal tissue destruction there is to do, the more energy and body substance can be used in the healing process. A new patient invariably believes that lack of exercise will mean loss of appetite and decreased function of the organs of digestion, but such naturally expected results of inactivity seem to be diminished when the rest is taken in the open air; at any rate such patients complain much less of these things than might be expected. Digestive disturbances, should they occur as a result of inactivity, are more easily overcome than the possibly dangerous results of exercise. If these facts were carefully explained to every patient, there would be less protest against the enforced rest, and better coöperation between physician, patient and nurse. I believe many nurses would find helpful a knowledge of the general routine treatment of a patient in a tuberculosis sanatorium.

Upon admittance, a general physical examination is made,

including an X-ray, blood test, etc., and the patient is put to bed and supplied with sputum cups and old cloths to protect coughs and sneezes. It is a grave offense, indeed, to fail to cover a cough. He is then instructed not to clean the teeth over the bathroom bowl—others must wash there—but over the closet, a sanitary measure that every home and institution should adopt. The danger of expectorating anywhere except into the sputum cup is impressed upon him, and the necessity of placing therein anything having come in contact with the mouth, such as dental floss, etc., that is usually deposited upon the ground. Because these measures are rigidly enforced, a person is in much less danger of contracting disease of any kind in a sanatorium than about his home or business. The beds are on rollers and the patients are kept on the porches, night and day, except for meals and treatments, when the beds are rolled inside.

Patients are weighed every two weeks and a twenty-four hour amount of sputum is weighed once a week. As the disease becomes quiescent, the laboratory examinations which are made every month show that the bacilli are decreasing; the disease is not spoken of as "arrested" until, among other things, the bacilli have been absent for three months.

The temperature is taken every four hours, and as long as it reaches 100°F. daily, the patient is kept in bed. After the fever has been absent for a week or two, and other acute symptoms have subsided accordingly, he gradually begins to sit up until finally he is up and dressed all day, and able to go to the dining room. The dining room is like any other attractive lunch room. The tables seat four to eight, and the same laughter and chatter prevail that are usual in any public restaurant.

No nourishment is given between meals, if a gain is made on three hearty meals a day, as the old-fashioned stuffing process invariably leads to digestive disturbances and loss of appetite, but plenty of milk and eggs are given with the regular meals. Very emaciated cases, or cases failing to gain, are ordered extra nourishment.

Promptly after breakfast, the patient dons warm wraps and mittens and, wrapped in blankets on his cure chair on the porch, reads, or talks to his companions until dinner time. During the rest periods, one-half hour before and after each meal, and for two hours after dinner, the patients are expected to lie quietly without reading or conversation.

The cure chair is a wooden reclining chair with an adjustable back. It is fitted with mattresses and, with blankets and robes and a hot water bottle at the feet, one can remain on the porch all

day, even in zero weather. If it is a south porch there will be few days that the hands, protected by warm gloves, may not be used for writing or games during the warmest part of the day; even knitting and fancy work are often done during the less severe weather.

Promptly after dinner the patients return to their chairs and after the two-hour rest period, reading or conversation may again be indulged in until supper time.

After supper, another hour must be spent in the chair, and the rest of the evening until bedtime may be spent indoors in any quiet occupation. Frequently, movies or concerts are given in the recreation rooms or, in warm weather, on the lawn.

At nine-thirty, warmly clad in flannel pajamas, cap, and bed shoes, they crawl into beds that are warmed with hot water cans and, strange as it may seem to the uninitiated, it is just as easy to keep warm on the porch in zero weather, as it is in the house, if proper preparations are made. But ordinary bed making methods will not work for out-door sleeping; nor is it possible to sit on the porch in cold weather in an ordinary rocking chair. Patients not "on exercise" are expected to spend from nine to ten hours on the cure chair, and from nine to ten hours in bed. The rooms are always well heated for dressing in the morning.

After a few weeks or months, as the case may demand, of the above treatment, exercise—which always means walking—is ordered, beginning with five or ten minutes a day, and increasing until one or two hours are taken twice daily. These walks are taken after the morning and afternoon rest periods.

A reasonable length of time for an incipient case to remain in the sanatorium is six months; by that time, if favorable progress has been made, it is safe to work back very gradually into normal living, but it must never be forgotten that the disease is not yet cured, it is only arrested, and that it will require many months more of careful living to effect a cure.

The sanatorium grounds are usually attractively located and well kept, and the great majority of patients are contented and happy. Besides regaining their health, many of them find time to develop forgotten talents; others pursue special studies along many lines; various handicrafts are taught in many institutions, and the discharged patient may find himself better prepared to earn a living than he was before. The walks through the woods furnish abundant material for nature study, and every effort is made to keep the patient's mind occupied. Even for those confined to their chairs there are cards, checkers, reading, or sewing. Bird study from the porch with field glasses amuses many. Dressing rooms are well

heated and there is an abundant supply of hot water. Patients are under the daily supervision of doctors and nurses, and may consult any of the medical staff at any time. Rates vary with the institution, but average from ten to sixty dollars a week, and include doctors' services and any treatments which may be necessary.

Now for the nurse's part in bringing patient and treatment together.

People will ask advice from a nurse, oftener than from a physician, and her opportunities are unlimited to impress upon those whose cases come to her attention, the importance and advantages of sanatorium treatment, for it is almost impossible for a patient without previous sanatorium residence to carry out the proper treatment in a home without the supervision of a nurse. If only a few weeks could be spent in a sanatorium, he could in that time learn the important principles of the treatment and, if necessary, could apply his knowledge to home conditions and make satisfactory arrangements to continue his cure at home, but he must have the whole hearted coöperation of family and friends. One great obstacle in such an environment of health and activity, is that the invalid, as strength and health return, is constantly tempted to overdo, and his limitations irritate him, thus fostering a discontented mental attitude detrimental to his best progress; but in the sanatorium all of his companions are sharing his inactivity and quiet amusements. At home, when he reaches the stage where he looks and feels well, he constantly dreads the remarks of people who, not understanding, think he might just as well be working a little bit.

It is true of course, that many people have recovered without even home treatment, but it is also true that in many other cases the disease has steadily progressed until the best of care was unavailing, or the ultimate recovery was delayed for many months.

The tuberculosis hospitals are full of hopeless cases that might be well to-day, had a diagnosis been made in time. Fortunately diagnosis is not in the nurse's province, it requires, often, the skill and experience of a lung specialist to interpret correctly the delicate physical signs of tuberculosis in its earliest stages and to make the diagnosis in time to save months of invalidism. The diagnosis is not difficult when there is a daily slight cough, loss of weight, and afternoon fever. Even the patient becomes suspicious then, but it is the nurse who can see the significance of a rapid pulse *without* temperature, the slight hoarseness *without* a "cold," and the occasional touch of pleurisy—pleurisy, except traumatic pleurisy, in the majority of cases is a *result* of tuberculosis—or just that "run down" feeling, things so trifling that people will not run to the doctor about them.

It is the nurse who can convince these people that one does not "run down" without a cause; that fatigue after an hour or two of one's usual duties does mean something, and she can persuade them to seek medical advice of a competent physician who will make a thorough examination. However skilled a physician may be in other lines of work, if he has not considerable experience, or special training, in diseases of the lungs, he may fail to recognize the disease in its earliest stages when the proper treatment means so much to the patient.

The nurse can also do much preventive work along educational lines. She can impress upon mothers the importance of a well balanced diet for children. A proper diet plays an important part in a child's resistance to disease. Milk should form a large part of every child's diet, and eggs, or some protein substitute should be given every day. This is a problem that is yet to be solved for many poor families, but in many homes of comfortable circumstances children are actually undernourished, not because they do not eat the proper quantity of food, but because they are permitted to follow their own inclination entirely, in their eating habits. Most children seem to prefer carbohydrate foods to the proteins or fats which are so necessary to proper growth and development, but their tastes in many cases are largely a matter of habit, and as a well balanced diet is essential to health, they should be taught to eat all kinds of foods. Many children will not taste certain things because they have heard some one express a dislike for them. Many children are permitted to go to school with only a few bites of breakfast, just because they did not happen to like what was served. A child who cannot eat should be kept at home, for his resisting powers are low. The child who is under weight is a favorite victim of the tubercle bacilli. The hours of sleep, or at least rest in bed, should be lengthened for such a child and extra nourishment insisted upon. To the children themselves the nurse can teach many habits of hygiene that will raise their resistance to the tubercle bacilli, such as correct posture, chest expansion, cleanliness, fresh air, etc. Whenever she is in a home where there are children, she can arouse their interest in health habits by games and contests. Tuberculosis can be cured and can be prevented, and education is its greatest foe, so if every nurse would use her unlimited opportunity to spread the knowledge of the cause, prevention, and cure of tuberculosis, the results would be far reaching.

# SOCIAL PROBLEMS OF THE TRAINING SCHOOL[1]

By Jessie L. Macdonald, R.N.

*Directress of Nurses, St. Luke's Hospital, Chicago*

Throughout the centuries man has dreamed of the time when he should be emancipated from continuous toil. The labor unions strove for decades to reduce the working day from twelve to ten hours, and then to eight; each new gain being hailed as a triumph of the spirit which gave an opportunity for recreation, education, and all of the things which make life worth while.

The church to-day, to which has come a vision of its opportunities, feels the necessity of recreation in its program of religious educational activities.

It is impossible to go into the details of the psychology of play, but too much cannot be said of its importance in human life, of the value of the play spirit carried over into work, giving zest to life and work, because of its joyousness, but the point is established that play and recreation have a definite relationship to all education.

The nursing profession with its intimate contact with the sick, and its wonderful opportunty for service to humanity, might well become the ideal life to which we aspire.

There are many reasons why recreation is necessary. First, that the nurse may maintain her proper standard of health; second, that she may continue to grow mentally; third, that she may be successful in her profession as, "All work and no play makes Jack a dull boy"; fourth, that she may not only enjoy life but that her energy and spirit may be such that out of her enjoyment she may give to those unto whom she ministers.

The nursing profession is now speaking of the hospital training school in terms of an educational institution,—should we not then endeavor to mould our curriculum as such? Yet how seldom we find a definite place given to any class of a recreational nature, or organised activities for play. How few of us catalogue the advantages offered in our large western cities, or plan trips of pleasure and education for our students.

We have one decided advantage over the average educational institution, in that our theory and practice may be worked out together. Our large clinical field is always at our command, but we have much to learn in our social and educational fields.

[1] Read at a meeting of the Illinois State Nurses' Association, Moline, Ill., December, 1919.

In our training school, we have found instruction in physical education a decided advantage in our curriculum. The student nurses have weekly classes in corrective gymnastic exercises, and in social dancing, with monthly class parties. The expense of instruction and orchestra is provided for by the training school committee of the board. There is also a tennis court which is converted into a skating rink during the winter months.

This is but a beginning. When we realize what is being done in recreational education for the students of our universities, colleges and high schools; we feel that hospital training schools have but awakened to their responsibilities in this branch of work.

Another of our problems is connected with the housing of our students. Many of us are dealing with the problem of inadequate homes which do not meet our modern ideas, and with the present high cost of living, the outlook is not bright for a new home in the near future. Much may be done, however, to make our homes more attractive and comfortable for the student. Reception rooms may be refurnished; libraries may have new books added, with current magazines. There may be small, equipped laundries with pressing rooms, where nurses may wash perishable garments which they may not be able to send elsewhere; a sewing room where mending may be take care of; kitchenettes, where nurses may make fudge or prepare and serve group lunches so dear to the heart of every student.

With the thought of the nurses' home comes the problem of the supervision of the rooms. The most satisfactory solution of this problem, to us, has been our matron, who, while supervising the work of the maids, is able to give individual care and attention to nurses requiring reminders to keep their rooms in order. Many colleges use the score card system. By this, the student scores her own room. Usually the low grade she is forced to give herself proves sufficient stimulus for neatness and order.

The problem of student government, versus modified military government, is a difficult one to solve. Military discipline is apt to develop fear of penalty, rather than honor and trust, and the tendency of the disciplinarian is to become an autocrat.

We often have outward conformity without inward consent. Student government develops the individual pupil, it stresses expression rather than repression. There are three levels of conduct a student will follow: 1, Instinctive, doing that which her instinct prompts her to do; 2, conventional, where she will do that which custom or convention calls for; 3, conscious choice, where reason operates from growth. It requires courage and vision to establish student government which must be almost a process of evolution,

emphasis being placed upon loyalty to the hospital and the guarding of its reputation. Also there is danger on the part of the student of confusing liberty with license.

With student government, the problems of late permission and over-staying of leave are, of course, dealt with by student body officers. Why is it that the universities and colleges do not find it necessary to regulate the number of evenings that a student may spend off the campus, while students in a hospital training school are rarely granted more than one late permission weekly?

The problem of the eight-hour day has been thoroughly demonstrated as not only possible, but profitable, giving the student time for her class work, study, and recreation, also to live the life of a healthy, normal, and energetic young woman. To-day, a student choosing a vocation asks herself regarding the possible growth of that profession, and how it will fit her as an individual to play her part in the scheme of life.

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## TOO LATE FOR CLASSIFICATION

**National.**—THE NATIONAL TUBERCULOSIS ASSOCIATION will hold its sixteenth annual meeting at the Hotel Statler, St. Louis, Mo., April 22-24. The Nursing Section, with Edna L. Foley of Chicago as chairman, will hold two sessions.

**Kentucky.**—THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold semi-annual examination May 25, 26, 1920, at the City Hospital, Louisville, for the registration of graduate nurses. For applications and other information, apply to Flora E. Keen, secretary, Somerset.

# DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

## SUMMER INSTITUTES FOR SUPERINTENDENTS AND TEACHERS OF NURSING SCHOOLS

The summer institute is a familiar American institution which has been developed extensively in connection with the teaching profession. Recently a few tentative experiments have been made in developing summer institutes for nurses. It is believed that they will meet a very great need among our busy superintendents and teachers who are unable to leave their posts for longer periods of study, and it is very much hoped that nursing organizations in all the states will interest themselves in developing such institutes for their own members, so that in time we may have many centers carrying on this work in all parts of the country.

The institute is somewhat different from the Summer School which is usually organized more on the plan of the regular college course, with certain educational requirements for admission, with a definite program of study which has to be systematically carried out, with examinations at the end, and a system of academic credits which may or may not lead to certificates or degrees. Summer courses for superintendents and teachers have for several years been offered in connection with the Summer School of Columbia University and more recently, the Summer School of California University.

An institute is usually held for a shorter term, not more than one to two weeks as a rule. An effort is made to locate it in some attractive and accessible place where social and recreational, as well as educational facilities, are obtainable. Some states have teaching institutes in each county, others have larger central institutes which thousands of teachers attend. Some are held in connection with Universities and Normal Schools, either while the regular work is in session, or in the vacation period. No educational requirements are made and there are no examinations and no credits given as a rule. The bill-of-fare is varied, the idea being to help teachers who have often little or no professional preparation, to get hold of a few essentials, rather than to attempt a comprehensive and thorough study of any one subject, and to stimulate and refresh as well as to give practical help. In larger institutes it is necessary to provide different sections for teachers with special interests.

Institutes may be arranged by teachers' organizations, by state superintendents and supervisors, or by state universities. Expenses for lectures are usually covered by a small registration fee, often not more than a dollar, though this would depend on the numbers attending.

There seems to be no reason why nurses should not unite with teachers in some of the institutes already organized, taking advantage of many of the general lectures on teaching and educational organization, and arranging for additional lectures on subjects of special interest to them. By writing to the Superintendent of Instruction in the state, details could be obtained about institute plans for the coming summer, and it would probably not be too late, even now, to arrange for a special section for nurses at some of these state institutes. The State Leagues of Nursing Education would seem to be the logical organizations to take up such a plan, and where Leagues have not been formed, the State Nurses' Associations might take the initiative.

Institutes may also be organized independently, in connection with hospitals or other institutions. A very interesting experiment of this kind was carried out last summer by Mary C. Wheeler at the Illinois Training School, Chicago. Miss Wheeler offered a course of a month for hospital and training school executives. The requirements for the course were good health, graduation from a recognized school for nurses, executive work for one year, and two weeks' vacation. The tuition fee was $25.00 and those who came bore their own expenses.

Each morning, work began at 7.50 with a short period of setting-up exercises, followed by a half-hour conference which was conducted by the members themselves. There were 133 lectures given on a wide variety of subjects, including housekeeping, hospital organization (equipment, finances, etc.), training-school organization and management, teaching, psychology, public health work and a number of miscellaneous subjects. Most of the lectures were conducted by Miss Wheeler, and other members of the hospital and training school staff. A number of excursions were made to institutions, supply houses, and other places of interest in Chicago. Miss Wheeler hopes to repeat the course this summer.

Adda Eldredge, Interstate Secretary, also assisted at a summer institute of two weeks at the University of Montana, Missoula. Regular professors of the University gave lectures on psychology, nutrition, etc., and Miss Eldredge conducted the courses on teaching, training-school administration, and records.

It is, of course, important in organizing institutes, that there should be something worth while to offer, before bringing busy women

together even for a week or two, and nurses should be particularly careful to see that both the educational and professional credentials of those who are to present nursing subjects, are satisfactory. This cannot be left to people outside the profession, as even experienced educators have the vaguest ideas, very often, of what qualifications would be required. Provision would need to be made, also, for living accommodations, and it is desirable that social life and recreation should not be neglected.

Should we not make a special effort within the next two or three years, to develop at least one good summer school or institute for nurses in each state?

## CONDITIONS OF STATE AID FOR EDUCATIONAL INSTITUTIONS[1]

By I. L. Kandel, Ph.D.

*Teachers College, Columbia University, New York*

The problem of state aid for education presents some difficulties in this country. Two traditions have been developed—one of publicly provided and publicly maintained education entirely under public control, and the other privately endowed institutions independent of external control. The one represents the native development of the democratic ideal, the other the survival of the Anglo-Saxon distrust of state action. Much may be said for each type of educational provision. A situation has, however, been reached where further expansion to meet the increasing public demands and needs is impossible, if education must continue to depend on private philanthropy. The comparative failure of the numerous drives recently undertaken for educational endowments requires the consideration of new methods of educational support.

Democratic opportunities have made possible, and democratic idealism has prompted, unparalleled gifts for the general good. The size of individual endowments has increased considerably in recent years, but the present annual average of gifts for education—about sixty million dollars,—is less than the individual resources of half a dozen banks or trust companies, and the total endowment of our colleges, about half a billion dollars, is less than the individual resources of half a dozen banks or trust companies. Estimating the present wealth of the United States at two hundred and fifty or three hundred billion dollars, endowments represent perhaps one per cent. of the total and give little indication of exceeding such proportion. It seems further that future educational philanthropy may be directed to the

[1] Read at Teachers College Alumnae Conference, February, 1920.

encouragement of new experiments in education rather than the perpetual conduct of much needed types of training.

The problem to be faced, then, is how to secure financial support for new educational endeavors. Is it possible to introduce a third method of maintenance in addition to the other two already mentioned? The expansion of state enterprise is only limited by public will and this, in turn, is affected by education and propaganda. It is on the whole a simple problem.

Independent institutions are in a different situation—particularly on the Eastern Coast where the private institutions predominate. The practice of state aid to private institutions for higher and professional education is not unknown here. New Hampshire makes a grant to Dartmouth College; Vermont until recently supported the three institutions for higher education in that state; in Massachusetts, state aid to the Massachusetts Institute of Technology and the Worcester Polytechnic Institute was only withdrawn last year; New York State gives aid to a number of institutions in return for scholarships; Pennsylvania makes large grants to universities, schools and hospitals; Maryland assists a great variety of institutions from the Johns Hopkins University down to a private academy; while Virginia supports a few small colleges in addition to the state university.

Opposition has recently arisen against such support for privately endowed independent institutions. This has arisen from the fact that there is not in this country any well defined principle of public aid to private colleges. Hitherto such appropriations have been made without any public supervision. Public aid without public control is questionable policy. It tends to lead to a political scramble in which the undeserving institution puts forth specious claims for support. It has meant politically that a balance has to be maintained between all kinds of claims. Personal and local interest often prevails over the public good. State aid should only be granted with state control, if the power of the state is not to be put at the disposal of any enterprise calling itself philanthropic or educational.

This principle has been developed on an extensive scale in England, where public and private institutions flourish side by side and may receive aid from the national exchequer provided they submit to public inspection and meet certain uniform minimum standards. Fruitful experiments in education and social welfare may be and have been initiated by voluntary agencies and are now receiving state support, if they have not actually been incorporated in the public systems. Taking examples from your own field:—the feeding of children, schools for mothers with visiting nurses, medical inspection and treatment, play centers and physical welfare, all began as voluntary

efforts and are coming under state supervision. The great universities, finding themselves in a situation similar to that of our own private endowed universities, now find that they must accept the national principle and submit to public supervision, if they are to receive state aid.

There are, however, certain principles of public support for education which have been recognized by the leading authorities in this country and which bear on our problem. Thus Dutton and Snedden state:

> It is becoming more widely an accepted principle that in those fields of social action in which private or philanthropic effort are insufficient, and which state aid can reach, public support and control are justifiable. Under both monarchical and democratic governments may we look for a widening of state activity in the direction of providing more abundantly the resources which make for widespread individual well-being.

And Cubberley in his latest work writes:

> Just how schools should be supported must be determined by a consideration as to their nature. If they are only or largely of personal or local benefit, such as telephone service, street lighting, pavements or streets, then they should be supported by individual or local taxation. Being conceived, though, as essential to the welfare of the State as a whole, then their support should be by the general taxation of all, and not from taxes or fees paid by the parents of the children educated.

And elsewhere,

> The needs of our democracy are alone the test, and these needs are to be determined by majority action and in the majority interest, and not imposed by rule or to meet the needs of a class.

Do these principles have any bearing on the problem of training nurses? The question of training still seems to be somewhat in the same stage as the training of teachers was, not so long ago. There are still many who are satisfied to go on with the handy motherly person, and one still sees advertisements of correspondence schools which offer complete training in a few weeks. If nursing is to be kept on this level, no argument can be produced for public support of training institutions. Short periods of apprenticeship combined with motherliness will be enough. But the whole attitude to the problem of health is changing.

The function of the medical profession is not merely curative, it is preventive, and preventive medicine means a public health programme, and a public health programme implies education. To be in a position to carry out this programme, the period and quality of training for the nurse must be extended. Even during the war in spite of the great shortage, England found it necessary to employ at least two nurses for every doctor in the school medical service.

Bedside nursing whether in the house or in the hospital is not the only function of the nurse. The scope of her field is now enlarged from merely dealing with individuals who are ill. Infant-welfare, the school medical service, medical social service, the prevention of tuberculosis, coöperation in industrial welfare, and district visiting are all functions that have in mind not the care of the indivdual but the promotion of public health. An expanding programme of social betterment now includes health insurance as one of the greatest public needs. The whole problem is now placed on a public footing. It is to the interest of the public to have a healthier environment for healthier citizens. In this programme the nurse must play an important part.

How is the number of nurses to be increased and how is the state to guarantee the quality of her training? It is not enough merely to license nurses. The state not only licenses teachers; it controls their training. Private and philanthropic effort are insufficient; state activity is widening, and for these reasons the state should take its part in training those on whom will fall a share of the conduct of the public health programme. Cubberley's statement is, that if an activity is conceived as essential to the welfare of the state as a whole, then its support should be by the general taxation of all. If the present tendencies are realized, the nursing profession will become as essential as the teaching profession. The objection that many nurses may be trained who will not enter public or semi-public service will not hold, since more and more the scope for the private nurse will become limited. In any case, many teachers do enter private schools and many use teaching as a stepping stone for other walks in life.

The precedent has, however, been established already. State universities are beginning to provide training courses for nurses. Further, the state is providing, in coöperation with the federal government, grants for vocational preparation, from which the individual benefit is likely to be greater than the public. The same principle of state aid should then be extended to the training of nurses, and if state institutions are to be supported wholly in this work, then private institutions doing the same work with similar ends in view should be entitled to assistance. But any argument for such assistance must fall to the ground unless those who are interested in it are ready to accept the careful scrutiny and supervision of the state, that is, of the public that is paying the money.

The ultimate basis then for public aid to educational institutions is the interest of the public or public service; but the public must be assured of the quality of that service, and this can be secured only by careful control and supervision of the institutions that give the training.

## NEWS NOTES

*A Historical Nursing Collection in Honor of Miss Nutting.*—It is believed that the whole profession of nursing will be interested in the Adelaide Nutting Historical Nursing Collection which the graduates, students, and friends of the Department of Nursing and Health have recently founded in honor of Miss Nutting, and of the Twentieth Anniversary of nursing work in Teachers College.

The initial sum of $1,200 for starting this new historical collection will not go very far, but the Alumnae hope to add to it from time to time, and they also hope that other students and admirers of Miss Nutting and friends of nursing will wish to help in making this a most complete and valuable historical collection of which we shall all be proud.

Although the library will be housed in the college, it will be available for any student of nursing history who wishes to consult it. Already a number of exceedingly interesting books and documents have been given or promised, and the Department will be very glad indeed if all nurses interested will help in locating and securing for this collection old books, prints, hospital and association reports, and other material of historical value. To avoid duplication of contributions, it would be well to write first to the Nursing and Health Department at Teachers College, Columbia University, New York.

*The Army School of Nursing Established on a Permanent Basis.*—It has been decided to put the Army School of Nursing on a permanent basis. At the main headquarters, Walter Reed General Hospital, Washington, a model school of moderate size will be established and later, branches may be organized in other permanent Army hospitals. The Army School feels that it can provide students with rather exceptional advantages in certain ways,—excellent instruction by permanent full time specialists in the pay of the Army, the eight-hour day, freedom from much routine ward work (which is done by corps men and other employees), special training in civilian hospitals and public health organizations of good standing, and preparation for executive work in Army hospitals. With practically unlimited governmental resources for equipment and teaching, it should be possible not only to offer a good nursing course of the ordinary type, but to go much further in carrying out experiments which may lead to the establishment of newer and better standards in nursing education.

*Correction.*—A mistake was made last month in announcing the gift to Mount Sinai School of Nursing. The gift of $50,000 was given by Wm. D. and Frederick Scholle in memory of their father, and not by Mr. Lillienthal, as stated. On page 471 the number of nursing schools should read 1600, instead of 600.

*Lantern Slides Illustrating the History of Nursing.*—The Nursing and Health Department at Teachers College has had a number of inquiries regarding sets of historical slides for use in Nursing Schools. The cost of such slides can be very much reduced if the initial cost is distributed over a number of schools. If enough orders could be assured, the Department would be willing to arrange to have these made at the smallest possible expense. A collection of moderate size would cost from $50 to $75. It is hoped to have a smaller series illustrating the life of Florence Nightingale, which can be used for the celebration of the Centennial, May 12th. Those interested should write to Miss I. M. Stewart, 525 West 120th Street, New York City.

*Annual Reunion and Conference of Nursing and Health Alumnae, Teachers College, February 19-21.*—The meetings were rather more extensive and more interesting this year because of the celebration of the Department's 20th anniversary. A large group of alumnae, students, and friends met on Thursday

afternoon in the chapel of the College, where several addresses were given dealing with the history of the Department, and with its contribution to nursing education and public health work. Miss Nutting's opening paper reviewed the main steps in the development of the Department's work, beginning in 1899 with the entrance of two students and continuing to the present year with a registration of 288 full-time and part-time students. Miss Nutting thanked the many good friends who have assisted so generously in making this advancement possible, particularly acknowledging the Department's debt to Mrs. Jenkins, whose generous endowment in 1910 opened the way to the much wider expansion of recent years.

Dean Russell, speaking on The Education of Nurses and the University, stressed the fact that nurses had "made good" in university work, that their educational standards were quite equal to those of other students and were constantly rising, that they had demonstrated their right to professional status by the growing body of scientific knowledge which they now command and by their power of directing their own activities along lines of highly useful public service. Dean Russell paid a warm personal tribute to Mrs. Robb and other nursing leaders whose vision, faith, and enthusiasm first induced him to admit a very small group of nurses to Teachers College, also to Miss Nutting, to whose genius, energy, and devotion he attributed the quite unprecedented growth of this department.

Dr. Winslow, who has been a member of the staff of the Department for ten years, spoke on The Education of Nurses for Public Health Work. Dr. Winslow believes that the public health nurse has come to be the most important factor in the public health campaign and he attributes this very largely to the social vision, energy, and personality of nurses themselves, who both as individuals and as organized groups have persistently pushed forward the idea of prevention and the idea of health education as an essential part of the nurse's work. Dr. Winslow does not agree with some health authorities who feel that this teaching work can be separated from the actual nursing care of patients. He believes, however, that the ordinary training as carried on in most hospitals is insufficient and that the nurse's educational foundations must be greatly strengthened if she is to measure up to her possibilities in public health work. The credit for the first pioneer effort in this direction must be given to the Department of Nursing and Health, which has led the way not only in this country, but in other countries in the professional preparation of nurses for the public Health field.

Lillian Wald, of Henry Street Settlement, speaking on The Visiting and Teaching Nurse in the Community, emphasized the value of practical experience in the field and the high privilege which nurses have in being able to unite with tender ministration to the sick, the most potent kind of educational force. Back of the soundest and broadest practical scientific training she felt there must be a kind of moral zeal, closely akin to the religious feeling which has always given a powerful impetus to nursing service. Referring to the International Red Cross Congress at Cannes, which she attended last summer, Miss Wald pointed out that in every proposed plan for health protection the public health nurse was the key to the situation. Countries lacking such workers are hopelessly handicapped and America has a great service to render not only in training and sending nurses to such countries, but in working out sound and serviceable methods which can be used in any part of the world.

In her paper on The Service of The Department of Training Schools and Hospitals, Sara E. Parsons called attention to the large numbers of teachers and

superintendents who have been trained and sent out from the college, and who have not only succeeded in building up individual nursing schools, but have also helped greatly in raising the general standards of nursing education throughout the country. Important as this contribution has been, however, Miss Parsons felt that an even greater service has been rendered to nursing schools by the unfailing advice, inspiration and criticism which they have learned to look for from the Department at the College.

Before closing this part of the Anniversary program, Permelia Doty, president of the Nursing and Health Alumnae, on behalf of the past and present students of the Department presented Miss Nutting with a check for $1,200, which was intended to serve as a token of the love and admiration of her "children" and of the very real pride which they feel in her leadership.

At the conference Friday morning on Teaching and Administration in Nursing Schools, the subjects dscussed were: How to Recruit More Qualified Women for Teaching and Executive Positions in Hospitals, by Maud Landis, of the Connecticut Training School, New Haven; How to Increase the Educational Value of the Practical Work of Pupil Nurses, by Effie Taylor of the Johns Hopkins Nursing School; How to Economize the Time and Energy of Pupils and Teachers in Nursing Schools, by Jane Ramsey, Lakeside Hospital, Cleveland; and Some Problems of State Supervision of Training Schools, by Elizabeth Burgess, State Education Department, Albany, New York.

It is evident from the whole trend of thought in these papers and the discussions which followed, that the main hope of securing both graduate and pupil nurses for hospital work lies in providing greater opportunities for individual initiative, and for educational advancement, in broadening the social and intellectual life of the nurse, in reducing the present exhausting hours of service, and by providing better salaries for graduates in hospital positions.

The plan to eliminate much of the routine unskilled work now done by student nurses seems to meet with general approval but further readjustments need to be made in order that the rich clinical resources of the hospital might be made more available for student nurses. A number of practical suggestions were made, among them the setting aside of a special teaching ward for beginning pupils, where they could be under constant teaching and supervision, the wider use of case histories in the teaching of nurses, more clinical teaching, and more opportunity for specialization within the third year.

Miss Burgess gave a very clear picture of the work of an inspector of nursing schools, and some of the typical problems with which she has to deal, the deplorable and discouraging lack of comprehension of what a nursing school stands for, the efforts to evade the requirements of the law, the constantly changing and unsuitable officers in many nursing schools, and the poverty and inadequacy of many hospitals as training fields. In spite of all these difficulties, however, the field offers unlimited opportunities for helpful and constructive work in nursing education.

Some of the papers and reports from the Friday and Saturday meetings will be published later.

# THE DEPARTMENT OF RED CROSS NURSING

IN CHARGE OF

CLARA D. NOYES, R.N.

*Director, Department of Nursing*

## AN EXPERIMENT IN NURSING PUBLICITY

1920

Analysis on the part of the Red Cross regarding the present scarcity of properly prepared public health nurses has brought to its attention most forcibly an equally serious shortage of student nurses in the training schools in all parts of the United States. Civilian and federal hospitals at the same time are crowded to their capacity while the influenza epidemic has created a tremendous demand for private duty as well as for institutional nurses. That the very fountain sources of this supply, the training schools, should be in great need of students presents a more alarming situation, perhaps, than has ever before been experienced in the history of the profession.

Here is another instance where unnatural economic and social conditions may again be attributed to the war. The opening of industry and business to women, as the draft sent their brothers and husbands to the cantonments, has had a very direct effect upon nursing. Forty years ago it constituted, with teaching, about the "only profession for women." To-day it may be regarded as one among many, yet one which offers peculiar advantages, in spite of all one hears about "higher salaries, shorter hours, and no preliminary training in clerical work," for the women who really love nursing for its own sake.

Just how far the responsibility of the Red Cross extends toward counteracting this tendency which prompts young American women to enter other fields of activity is a question which has interested the Red Cross for many months. It has already made considerable progress in interesting graduate nurses to take up public health courses, through its appropriations of approximately $250,000.00 in Scholarship and Loan Funds. One of the "main planks" of the lectures delivered by Red Cross nurses on Chautauqua platforms last year was the advantages offered in the nursing profession. A very interesting experiment is now being carried on in the Pennsylvania-Delaware Division of the Red Cross, with the primary object of urging young women to enter training schools.

Susan C. Francis, Director of the Department of Nursing of this Division, reports:

Upon the completion of the Roll Call last year, we realized that the interest of our Chapters in public health nursing was far greater than our ability to secure public health nurses prepared to establish these services. At the same time, the number of students in a large majority of the training schools for nurses was seriously below normal. Appreciating that we could never meet the demands of our Chapters for Public Health nurses if the supply at its source were so seriously crippled, we decided to bring to the attention of the people of this Division the need for public health nurses; to educate them to an appreciation of the opportunities offered to students through admission to a training school of nursing; and also to develop a better understanding of the principles constituting sound nurse education.

Endorsement of this publicity experiment was secured from the Pennsylvania State Board of Examiners for Registration of Nurses. At the same time, the Red Cross obtained from them also a list of training schools of nursing within the state which gave preparation and experience in public health nursing. This list was prepared to be given to young women immediately interested in nursing and desirous of advice in regard to specific schools. As a check upon the amount of interest which this experiment might arouse, a form letter was drafted to be issued to prospective students who, in turn, signed it and forwarded it to the superintendent of the training school which interested them. At the bottom of this letter was a slip to be filled out and detached by the Superintendent of the school and returned to the Red Cross, as follows:

"Mrs.
Miss _____ of _____
has requested information relative to the_____
Training School for Nurses and the same has been furnished her.

(Signed) _____ Superintendent.
Training School
_____ Hospital
_____(Town, State)_____
Date_____

Elizabeth Walsh, (a member of the Peter Bent Brigham Base Hospital), Field Representative of the Pennsylvania-Delaware Division, who lectured last summer upon the Redpath Chautauqua upon the Peace Programme of the Department of Nursing of the American Red Cross, was assigned to develop this experiment in educating the Division toward a keener appreciation of the meaning of public health nursing. An itinerary based upon the number of Branches and Auxiliaries of each Chapter was made out for her. Letters of notification were sent to each Chapter three weeks before her intended visit urging that she "be given the opportunity to present her subject

to such groups in each community as Christian Endeavor Leagues, Church Missionary Societies, Ladies Aid, Women's Clubs, Y. W. C. A. Meetings, Senior Classes of Normal and Private Schools, and Parent-Teachers' Associations."

During the months of January and February, Miss Walsh addressed 7,269 people, in 31 towns in Pennsylvania. These audiences were assembled in various churches, business colleges, high schools, hospital training schools, private homes and factories. At Meadville, Pa., 150 employees of a corset factory heard her message, while the average number in high school audiences was approximately 200. Sixty personal interviews were held. She also issued upon request 192 of the form letters to training schools. That many of these have actually established contact between prospective pupil nurses and superintendents of training schools is shown by the fact that 30 of the slips to be detached from these forms have been returned to the Pennsylvania-Delaware office from various superintendents.

Miss Francis concludes:

In summing up her two months' work, Miss Walsh believes it on the whole to be worth while. The results, of course, cannot be expected to appear immediately. It is a process of education, and a slow one, involving the necessity of reaching and convincing parents, doctors, and educators that discouragement of young women desiring to take up nursing, and wholesale condemnation of hospital training schools must be replaced with definite knowledge of what a good training school for nurses means, and what it has to offer in fitting an ambitious young woman for valuable service to the community.

## IN THE RUSSIAN CAUCASUS

Perched high on a two-wheeled cart, with six Armenian babies and small children, Blanche Knox of Philadelphia, a Red Cross nurse now in service with the Near East Commission, writes of the evacuation of Igdir by the Armenians:

The Kurds attacked first on September 6, but were driven back by the Armenians. Six days later the inhabitants of Igdir, and all the surrounding villages fled. Not thinking that I, too, would be joining the long procession the next morning, I watched them streaming out on the Erivan Road during the night. For three weeks we had been surrounded by Kurds on three sides, and on the fourth by none too friendly villagers. Twice I had loaded a truck with sick children to take them to safety before we had to flee, but the Armenian soldiers would not let us leave the town.

"If you give news to the enemy of the weakness of our position, they will attack at once," they told us. "You must wait twenty-four hours until cannon and reinforcements come."

Then they begged us to delay forty-eight hours, and the third time refused to let us take the orphans out. We finally fled to Etzhmiadzen, where I have since been on duty in the hospital. The work in the Caucasus is now under U. S. military control.

### ITINERANT RED CROSS INSTRUCTORS

While some Red Cross nurses may cross oceans and continents before they undertake their new service, others have to travel continuously, and often under equally trying conditions, in pursuing their duties here at home. A Red Cross itinerant instructor in Home Hygiene and Care of the Sick writes:

> I leave M. Monday morning, and have two classes and a twenty mile drive that day. On Tuesday my Ford covers thirty miles in getting to and from my two classes, while two more in neighboring towns make Wednesday's jaunt a thirty-two mile one. Thursday is a hard day, as it begins with one class in the morning, two in the afternoon, and a fourth in the evening, making in all a thirty mile drive. Friday means two more periods, and thirty-two more miles, while Saturday ends the week with a total of 16 classes and one hundred seventy-four miles.

The enthusiasm with which this Red Cross instruction in Home Hygiene and Care of the Sick is being received in all parts of the country is demonstrated by the fact that approximately 200,000 textbooks have been sold during the past year. This book of nearly 350 pages, written by Miss Delano and Miss McIsaac, and revised by Miss Strong, is now in its second edition. All authors' royalties were willed by Miss Delano to the American Red Cross.

Of the fourteen Red Cross Divisions, the Southwestern, covering Texas, Oklahoma, Kansas, Missouri, and Arkansas ordered 72,750 of these volumes last year. Five hundred ninety-one Red Cross nurses served as instructors during the one month of December, many of them blazing pioneer trails into remote parts of the states.

### A VISIT FROM MLLE. MATTER AND DURRLEMANN

National Headquarters had the pleasure of entertaining on March 9-11, two French nurses, Mlle. Therese Matter and Mlle. Durrlemann, of Paris, who have just completed a special course of post-graduate study in training school administration at Teachers' College, New York City. These French women, both graduates of Dr. Anna Hamilton's School for Nurses at Bordeaux, came to this country through the assistance of the Red Cross, and have returned to serve as executives in a training school which they expect will be established at Lille, France. When questioned regarding their opinion of our hospitals, they replied that the "size and luxury of equipment of American institutions, and especially the entire nursing system, and the dignified position which it occupied in hospital life" had impressed them more than anything else during their stay in the United States.

### APPOINTMENT OF MISS HAY

Helen Scott Hay, formerly Chief Nurse of the Red Cross Commission to the Balkans, has been appointed as Chief Nurse of the Red Cross Commission to Europe.

Miss Hay, a graduate and later superintendent of nurses of the Illinois Training School for Nurses, began her Red Cross service in September, 1914, when as Superintendent she was placed in charge of 126 Red Cross nurses who sailed to Europe on the Red Cross ship for active duty in Europe, serving two years in Kiev, Russia. Before war was declared, Miss Hay had been nominated to establish a training school for nurses according to American standards, under the patronage of Queen Eleonore of Bulgaria, in 1916, engaging in public health nursing until her return to the United States the following year. She then accepted the directorship of the Bureau of Instruction at National Red Cross Headquarters, and later was affiliated with the Surgeon-General's office to assist in the organization of the Army School of Nursing. In October, 1918, she returned to Europe as Chief Nurse of the Red Cross Commission to the Balkans, in which capacity she has supervised the activities of Red Cross nurses assigned to Albania, Roumania, Serbia, and Montenegro. Miss Hay was decorated in 1915 by the Russian Government with the Gold Cross of Saint Anne, and the King of Bulgaria bestowed upon her the Decoration of the Bulgarian Royal Red Cross, in recognition of "splendid service done in the fulfillment of her profession."

As Chief Nurse of the Red Cross Commission to Europe, Miss Hay will have charge of all Red Cross nursing activities in Poland, the Balkans, Czecho-Slovakia, and France. She succeeds Alice Fitzgerald, of Baltimore, who is now Chief of the Division of Nursing, League of Red Cross Societies, Geneva, Switzerland.

### FOREIGN ASSIGNMENTS

Although only 11 Red Cross nurses now remain in Siberia, many of the nurses who have returned from Vladivostok are being prepared for immediate service in Europe. Several of the former personnel of the Commission to Siberia are now awaiting transportation in Manila, while a second group has gone down into China while awaiting sailing dates. Vaahti Bartlett, Mary Bethel and Mildred E. Hoover were the first of the returning nurses to visit National Headquarters, and they expressed themselves as most enthusiastic about their work in Siberia, and as exceedingly regretful in having been compelled to leave it. Miss Bethel's stay in the United States was of short duration, as she sailed for Europe on March 13, among the group of 18 who have gone overseas for assignment to the Balkans, to Poland, and to Eastern Russia, if this country is opened to Red Cross activity. During the near future, the Red Cross contemplates sending perhaps thirty additional nurses for this type of service.

# FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

## CANADIAN NURSES' RANK

An interesting historical summary of this detail has been received from Miss E. C. Rayside, Matron-in-chief. The creation of the Canadian Army Medical Service in connection with the Military Base Hospital and Line of Communication is mentioned in army orders of 1899. In November, that year, a few nurses were sent to serve in the Boer war with the Canadian Contingents. (One of these, we recall, was Georgina Pope, who had been for some years in charge of Columbia Hospital, Washington, D. C. She was a Canadian, trained at Bellevue.) They reported to the British War Office and were merged in the Queen Alexandra Imperial Military Nursing Service, but wore a Canadian uniform very like the present one. In 1901, those nurses who had served in South Africa were appointed Nursing Sisters in the Military Army Medical Corps. No mention was yet made of rank. In 1904, under a reorganization of the Army Medical Corps the Nursing Sisters were given relative rank. It is important to see that this was the action of those in authority, no request having come from nurses. The Director-General of Medical Service at that time, (all honor to him), decided that the nurses should have relative rank in order to give them a proper status in the army, due to their profession, and to maintain the highest efficiency. The war article ran thus: "Nursing Sisters shall be given the relative rank of lieutenant; their respective precedence shall be that of a lieutenant, but in no case shall their official distinction be other than Nursing Sisters, and they are not to have any military authority. It is to be distinctly understood that a Nursing Sister is not to be detailed for duty except on authority from Headquarters * * *."

In 1906, two Sisters were appointed to the Permanent Army Medical Corps and were stationed in Halifax at the Army hospital. There a course of special training was developed on military lines for qualified nurses who desired to enter the Army nursing service. Such women were regarded as the basis of a reserve and at the outbreak of the world war, there were eighty-four nursing sisters in the Army Medical Corps and three more had been added to the Permanent Army Medical Corps.

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The English nurses are going to have a beautiful historical pageant in the spring to celebrate the enactment of the registration act. But dear Miss Breay

is unable to come to Atlanta, for the same reasons which would prevent many of us just now from going abroad. The great disappointment of the conference will be her absence, charter member and treasurer for all these years.

The President of the Nurses' Association of Finland, Mrs. Mannerheim, is coming to the conference in Atlanta. This is a great and also an unexpected pleasure. It will be Mrs. Mannerheim's first visit to America.

Miss Bergljot Larsson, whose coming we have already mentioned, left Norway the middle of March. Though she is especially coming to look into training systems, she will probably also come to Atlanta.

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## THE MECHANISM FOR DISPOSAL OF BACTERIA IN THE UPPER AIR PASSAGES

Despite the frequent presence of pathogenic bacteria in the upper air passages, both in health and in disease, it is clear that a highly effective mechanism is present in these localities which, except under extraordinary conditions, protects against invasion by foreign organisms. Were this not so, it is obvious that the spread of such organisms would soon become universal among the human race, with an attendant high incidence of disease. The effectiveness of this protective mechanism varies with various bacteria, and with the same bacteria at various times, as illustrated by the epidemiological facts of human disease. The details, however, of its action in particular instances of infection have not been completely worked out. A survey of the literature discloses studies on a number of factors which probably combine in making up the complex protective mechanism of the upper air passages. These factors may be classified as: (1) Mechanical (including the flushing action of secretions with the associated acts of swallowing and the ejection of nasal and mouth secretions); (2) chemical (including the effects of the reaction of the mouth and nose secretions with other possible bacterial inhibitory factors); and (3) biological (including such processes as phagocytosis and the effect of bacteria already present on the invader).—From the *Johns Hopkins Hospital Bulletin.*

# DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

*Collaborators*: Mrs. Helen C. LaMalle, R.N., and Mary A. Mackay, R.N.

CHICAGO. At the second meeting of the Central Nursing Education Council, Mrs. Ira Couch Wood, formerly president of the Board of the Illinois Training School, gave a brief and interesting report of the luncheon given by the Rockefeller Foundation in New York City on February 28th. Helen Bennett, Manager of the Intercollegiate Bureau of Occupations, discussed the shortage of nurses and of women in work generally and brought out the following interesting facts: that all over the country this shortage is peculiar to every type of work, not merely nursing; that there were never so many young women going back to school, taking post-graduate courses or going into high school or on into college. In fact, small colleges that consider an annual increase of from ten to fifteen students normal, report that they have been turning away since last fall, from fifty to one hundred and in a few instances even more, students, whereas the larger institutions and private schools cannot begin to accommodate all of their applicants.[1] She traces this to the fact that the unsettled years leading up to and during the war made it necessary for a great many more women to enter industry. Now the larger wages of the fathers are making it possible for many of them to return to school, the increased earnings of the girls themselves permitted many of them to save with schooling as their aim. A number of young women are staying at home, having recognized that women do not receive equal pay for equal work, and as there is no pressing necessity, they are refusing to work outside of their own households. Married women are going back to their homes from industry and a very large number of girls who postponed their marriages are now marrying. All of these results reduce the numbers of women in both the professions and the trades, consequently the shortage is felt all along the line.

Miss Bennett brought out the fact that parents as well as college students and high school girls must be educated when the needs of the hospitals and the needs of the sick are brought forth, as it is not nearly so difficult to interest young students in nursing as it is to overcome the innate prejudices of their parents to this form of a career for their daughters. Most parents think the work is far too hard and

[1] This statement does not agree with information received at the JOURNAL office that the Freshmen classes of some of our best-known women's colleges are very much smaller than usual.

many of them have apparently been confirmed in this belief by the comments of family physicians.

Katherine Olmsted, who has been loaned to the Committee by the National Organization for Public Health Nursing as its Executive Secretary, discussed in detail the publicity and campaign plans of the Committee. Miss Olmsted brought out this very pertinent question: What is wrong with our training schools that they can't attract the young women who are being turned away from the over-full colleges?

Miss Henderson of the Children's Memorial Hospital announced that a committee had been formed and tentative plans laid for a centennial celebration of Florence Nightingale's birth, in Orchestra Hall on the evening of May 12th.

THE ILLINOIS SOCIETY FOR THE PREVENTION OF BLINDNESS has had the good fortune to secure as its Executive Secretary, Marion A. Campbell, formerly with the State Board of Health of Ohio. In looking up old eye cases, Miss Campbell reports that of 164 infant cases in which the sight had been saved by prompt care, 8 had received dispensary care, 50 hospital care, and 139 owed their vision to the home nursing service of the Visiting Nurse Association.

MICHIGAN.—Mrs. Victor C. Vaughan, Jr., has been appointed head of the Council of Nursing in the Community Union of Detroit. Her office is to be in the Nurses' Club at 924 Brush Street, under whose roof now are gathered practically all of the non-institutional nursing agencies in the city. Mrs. Vaughan was Elsbeth Hosig, a graduate of Harper Hospital, formerly a member of the staff of the Visiting Nurse Associaton of Detroit and organizer of the nursing department of the Detroit Board of Health.

At a recent meeting of tuberculosis workers, Doctor Vaughan, president of the National Tuberculosis Association, in discussing the value of health education of all the people, said that in 1895 the state of Michigan passed a law making compulsory the teaching of the transmission of infectious diseases in every grade of the public schools, from the kindergarten through the university. In 1915, when the Legislature was asked to appropriate $100,000 for a state-wide tuberculosis investigation, the grant was obtained because the men in the House of Representatives were boys in the public schools at the time the first law was passed. The teaching had been well done.

CONNECTICUT.—During the past year the New Haven Visiting Nurse Association has organized one central overhead management for four services of the city, the general, the tuberculosis, the child welfare and the orthopaedic. This last service is the result of the weighing and measuring campaign of the children's year, for so many deformed and crippled children were found during the

examinations that it has since required the full time of two nurses to look after them properly. The Visiting Nurse Association has for several years had a part-time nurse whose special work has been to follow up the wards of the Crippled Children's Aid but now it has established a special orthopaedic service. The association also gives an eight months' course in public health nursing in conjunction with Yale University. The superintendent, Mary Grace Hills, is enjoying a much earned sabbatical year in California. School nursing in New Haven, the only other branch of public health nursing, is under the Board of Health.

OHIO.—Olive E. Beason, former Director of the Division of Public Health Nursing of the Department of Public Health in Akron, was married November 28 to Thomas S. Husk, vice-president of the J. T. Hervey Investment Company of Cleveland, Ohio. Elizabeth J. Yost, her assistant, has been appointed her successor. An Akron nurse writes as follows to the Editor of this Department. As the Editor has known Miss Beason and her work in Chicago as well as in Akron for a number of years, it gives her a great deal of satisfaction to be able to endorse every word of this tribute:

When Miss Beason arrived in Akron, October 18, 1917, there were but seven nurses on the staff, all doing school nursing. This staff of seven nurses had been transferred from the George T. Perkins Visiting Nurse Association to the Akron Health Department, which at this time underwent a complete reorganization. At the time of Miss Beason's arrival, a small dingy corner of the City Laboratory was given her as an office, her desk was a plank placed on two carpenter horses. Great difficulty was experienced in getting as much as pencil and paper for the Nursing Division at that time.

With the efforts made by Miss Beason a part of the laboratory was partitioned off and a small private office was set aside for the use of the department, a desk and chair took the place of the planks and things began to look brighter. Miss Beason's great interest in tuberculosis began to assert itself, and the city fathers were made to see the need, with the result that a tuberculosis clinic was opened and three clinics a week were conducted. This necessitated an increase in the nursing staff.

The constant growth of the city and the many demands made on the school nurses, showed the necessity of the opening of the first Health Service Station at Bowen School. Much interest was manifested and mothers brought their babies from all parts of the city to the clinic for examination and instruction. The demand for more Health Service Stations necessitated the opening at short intervals of time, the Allen, Community House, Grace and Miller Stations. With the opening of these Stations the personnel of the staff was increased. In April, 1918, through the medium of the School Medical Inspection Service, attention was brought to the great number of anemic and poorly nourished children in the public schools, with the result that three Open Air Schools are now being supervised by our staff nurses. In addition to the children in need of fresh air treatment, 127 children were found who were suffering from the after effects of infantile paralysis. Inquiries coming into the central office aroused us to the

necessity of making some provision for these sufferers and a nurse was sent to Boston for a course in Massage and Muscle Training, at the Boston Children's Hospital. The nurse in charge of the orthopedic work now has two assistants and is instructing a nurse from the B. F. Goodrich Tire & Rubber Co.

One of the most noteworthy events of Miss Beason's directorship was the opening of the Emergency Hospital in the Armory, for Influenza cases, in October, 1918. Its period of existence was four weeks and during that time 105 children under sixteen years of age, 157 men, and 82 women, a total of 344 patients, were cared for.

A women's venereal clinic was opened late in 1919, and our staff provides a nurse for this clinic.

Miss Beason also used her influence in establishing an Eye, Ear, Nose and Throat Clinic at the Children's Hospital.

At the time of Miss Beason's resignation, our staff was composed of 32 nurses; we have five Health Service Stations, one Tuberculosis Clinic, one Eye, Ear, Nose and Throat Clinic, and one Women's Venereal Clinic.

During the month of November, 1919, 1,046 patients passed through the Department Clinics; 4,182 calls were made by Department Nurses.

At the Infant Welfare Clinics we now have 859 infants under observation; 862 children of pre-school age; 847 tuberculosis patients under the care of the Tuberculosis Nurses; 93 Orthopedic cases receiving Muscle Training and 173 children under Open Window Room observation.

I feel that the work of our Department has progressed wonderfully and it might be helpful to some pioneer to know of the difficulties encountered by Miss Beason and just how she met these difficulties and succeeded in building up a very thriving organization.

Miss Beason was greatly loved by her staff and to show this love, the nurses organized a club to be known as the Olive E. Beason Club."

MASSACHUSETTS.—The first general meeting of the Industrial Nurses' Guild of the Massachusetts State Nurses' Association was largely attended on February 21, at Boston University. Members of the Factory Nurses' Conference from all over the State were present as well as those from the Industrial Nurses' Association. The meetings of the Industrial Nurses' Guild will be held on the last Friday of each month at Boston University, and all members of the Massachusetts State Nurses Association who occupy industrial positions are eligible for membership. The Secretary of the Guild is Katharine Cartwright, Industrial Nurse for Crocker, Burbank & Company, Fitchburg, Mass.

## THE DETROIT CENTRAL BUREAU OF NURSING

By ELSBETH H. VAUGHAN, *Executive Secretary*

We shall not attempt to give a history of each organization connected with the Central Bureau of Nursing, at this time, but suffice it to say that members and friends interested realized for many years that the establishment of a Central Bureau would insure closer

coöperation of the nursing organizations, avoid duplications and enable the public to obtain more efficient nursing service. About three years ago, arrangements were made with the Visiting Nurses Association, 924 Brush Street, for office room for the Wayne County Nurses' Association and the Home Nursing Association. An advisory representative committee was appointed and with that came the realization of our dreams of a Central Bureau of Nursing. The functions of the organization are as follows:

I. VISITING NURSE ASSOCIATION: 1. A nursing service to the needy sick in homes. 2. Prenatal service. 3. Industrial service. 4. Metropolitan Life Insurance Work. 5. Babies' Milk Fund, auxiliary of Visiting Nurses' Association. a. Prevention of infant mortality and promotion of infant welfare in rural communities.

II. HOME NURSING ASSOCIATION: 1. Selecting and supervising practical nurses in homes of patients. 2. Establishing and developing a service of graduate nurses for prenatal and maternity service.

III. The Headquarters of the First District of the Michigan State Nurses' Association, formerly known as the Wayne County Nurses' Association, includes Monroe, Macomb, Oakland and Wayne Counties, with a membership of nearly 900 graduate registered nurses, 450 of whom are doing private duty nursing and are registered with the Directory of this Association.

IV. NURSING ACTIVITIES OF THE LOCAL AMERICAN RED CROSS: 1. (a) Headquarters for enrollment of nurses to the American Red Cross Nursing Service. (b) Clearing House for any assignments made. 2. Enrollments for home nursing and hygiene classes. Headquarters for class instructors.

EDUCATIONAL COMMITTEE OF CENTRAL BUREAU OF NURSING: The object of this committee is to advise educational plans for the development of the work of the various organizations of this Bureau. Some of the plans under consideration are: 1. The development of the hourly nursing service. This may be done by increasing the Visiting Nurses' Staff to a large extent. A sufficiently large staff of this kind would enable the public to have skilled nursing care, where at the present time, due to the shortage of nurses and the increase in rates, individuals are suffering for the want of nursing care. 2. The maternity work, the caring for mothers during confinement, which has been started by the Home Nursing Association and is now to be made a part of the Visiting Nurses' Association, has tremendous opportunities for development. The work of these nurses can and should be made practically self-supporting.

During the past year the University of Michigan has been giving a four months' course in Public Health Nursing to graduate nurses,—

two months of theoretical work and two months of field work. Nurses taking this course were sent to Detroit for their two months of practical work, one month with the Visiting Nurse Association and one month with the Department of Health. This method has been fairly satisfactory, but both Mrs. Gretter and Miss Ross realize that some changes are necessary. After a trip to Cleveland, to ascertain methods used in that city for this purpose, a meeting of the Educational Committee was called and the question of establishing a teaching center similar to the one in Cleveland was discussed. The Department of Health has been doing some experimental work in a community health center and it seemed that this center might be used as a teaching center for students from the University of Michigan, also as a center for training applicants for Public Health Nursing to the local organizations. Considerable time and money will be necessary for the development of this part of our educational program. The question of standardization and the development of industrial nursing is also considered a part of the work of this committee.

The First District of the Michigan State Nurses' Association with the assistance of the Central Bureau has assumed the responsibility of developing and standardizing the so-called practical nurse, the Central Bureau being asked to finance the salary of the supervising nurse. Efforts are also being made to provide many educational advantages to all nurses connected with this Association.

THE RED CROSS.—The object of the committee on Nursing Activities is to give every woman in Wayne County an opportunity to avail herself of class instruction on Home Nursing, Hygiene and Dietetics. To stimulate the enrollment for the American Red Cross Nursing Service, also to provide headquarters for Red Cross Nursing activities.

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## LIVING MORE DANGEROUS THAN DEAD PEOPLE

The chief danger in holding public funerals of persons who have died of diphtheria, influenza and other communicable diseases, lies not in the danger of contracting a communicable disease from the dead body, but rather in the danger of becoming infected by persons in attendance at the funeral who may be ill, or who may be carriers of infection. During the recent influenza epidemic many boards of health throughout the United States issued absurd regulations regarding the handling of bodies of persons dead of influenza and pneumonia. When the patient is living, breathing and coughing, he is much more dangerous than when he is dead. Communicable diseases are not easily spread by persons who are not living and after a body is properly cared for there is little opportunity for a communicable disease to be contracted from that body. As for sick, coughing, weeping, nose-blowing attendants at a funeral, that is a different matter. Therein lies the danger; not in the body of the dead.—From the *California State Board of Health Bulletin.*

# HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

ALICE SHEPARD GILMAN, R.N.

## KEEPING UP A STANDARD OF SMALL EQUIPMENT

BY HARRIET L. P. FRIEND, R.N.

After standardization of ward equipment, one of the problems to be met is the keeping of the equipment in place, particularly the small articles constantly used. The provision for weekly inventory and exchange does not always meet the situation. One of our schools of nursing has devised a plan that has apparently been very successful in checking the loss of small equipment and also in keeping this equipment constantly up to standard in the matter of repair. This hospital has each ward equipped with a dressing room, in which are kept articles needed in treatments. A senior student has the responsibility of this room on each ward. A form is provided showing the standard list of articles. This is checked every evening by the student and if left in the training school office as she goes to dinner. She gets this form in the morning as she goes on duty. The form is ruled for a month's use and the new form is supplied the first day of each month. In place of being brought to the office, the form mentioned might very well be inspected on evening rounds. Needless to say, the system works only when constantly supervised, but it is a matter of slight effort. Properly carried out, shortage and breakage are daily checked, while hypodermics, scissors, etc., are much more apt to be found in their place and in good repair. The hospital before mentioned has used this system for nearly six years, therefore it has had a fair trial. Besides articles listed, hot water bottles, ice caps and special thermometers were afterward added to the list.

Nothing so increases the tension of our ward practice as to find articles broken or "missing" when needed in a hurry, and a daily checking does much to lessen the strain. By giving some thought to the matter, there should be many small ways devised to prevent loss of time and tension in our work, and to save steps and confusion. Such devices do much to make a happy atmosphere for our students.

The chart described is checked off in squares, like a temperature chart, but with just thirty-one squares across the page. At the top of the chart are spaces for the name of the month, the name of the station and of the head nurse, also for the days of the month. A

column at the left hand side of the page, reading downward, contains the following list of articles to be checked, with the standard number inserted after each: Forceps, thumb; forceps, dressing; forceps, pan; scissors, straight; scissors, suture; probes; syringe, glass; syringe, hypo; needles; catheters, glass; catheters, rubber; catheters, Mercier; catheters, rectal; thermometers, bath; douche nozzles; intra-uterine; speculum; tenaculum; medicine droppers; connecting tubes; irrigating tips; razor.

## A PRACTICAL PREPARATORY COURSE FOR NURSING[1]

By O. Gothson, R.N.

At the Swedish Hospital, in Brooklyn, we are fortunate enough to have our full number of students. This is interesting because our hospital is small—65 beds—and as a rule the small hospital schools are not popular. We have 23 students and our success in increasing the number with the opening of our new wing, from 16 to 23, I attribute entirely to the preparatory education given at a near-by college.

About two and a half years ago, I learned to know of this college which, beside its college course, gives a four years' academic course. The first academic year is equal to the first year in the high school and the students earn, upon successful passing of the examinations and without taking any public examination, 18 to 20 counts. The cost of tuition, books, room, and board, opportunity to do their laundry, etc., amounts to about $250 from September 5 to May 31, when the commencement is held. Any deficit that should arise at the College, is paid by the churches that support it and by private contributions.

As soon as I had received the information I needed, I began to send applicants, whose education was deficient, to the college to prepare themselves to enter training. As a result of this we have now seven students who have taken this first year of the academic course, and there are two at the college at the present time.

Are they going to make good? The promise is great, but only time can tell. One thing is certain, I keenly feel my own and the hospital's responsibility in the matter and my most urgent question is: Are *we* going to make good?

Out of this experience many thoughts have sprung: 1. How many thousands of girls are there, who would take such a course if they knew of one, in order to become nurses? 2. Would the Education Department think it worth while to create other such schools?

[1] Paper read at a round table of the New York State League of Nursing Education, Brooklyn, October 21, 1919.

3. Is the one-year Academic course the most practical that could be given? 4. Should we take the 20 cents as a gauge of its worth? 5. Could not the regular first year training-school subjects be taught, such as: Bacteriology, Hygiene, Chemistry, Anatomy and Physiology, Dietetics, Solutions and Materia Medica? 6. Could there not be a nurses' preparatory school in every city, a school that is a part of the regular educational system, with plenty of laboratories, gymnasium and library, a school where, First, the first-year subjects of the training school would be taught in order to eliminate them from the training school curriculum; Second, where a liberal course in physical culture would be given, since the nurses hereafter will be expected not only to care for the sick, but also to help protect and improve the health of the community; Third, where a course in public speaking would be given? Such a course would teach the prospective student nurse mental and physical poise and how best to develop her power of expression. It would necessitate a great amount of reading and reflecting outside of the hospital subjects, would broaden and strengthen the mental and spiritual powers and make a student better able to understand the psychological part of her future nursing work. With such three-fold preparation acquired after a good general education, she would come, a suitable, receptive student to the hospital training school.

If there were such preparatory schools, would it not be a great advantage to the hospital, to the patient and to the student nurse?

Upon entering the hospital school the students could begin at once with theory and practice of nursing, physical and psychological, and in a very short time follow with the advanced studies of surgery, medicine, therapeutic dietetics, obstetrics, and pediatrics. From the beginning of the training, the student's mind and hand would work together harmoniously, giving a greater mental and spiritual return and less physical fatigue. To the hospital this would mean easier management and better service; and to the patient, better care.

In their second year the students could have their operating-room and dispensary work, visits to special hospitals such as: Tuberculosis, Psychopathic, Contagious, Babies, Eye and Ear, etc., in connection with lectures on these subjects. Also instruction and practice in administration and housekeeping work, in different phases of public health work, including public speaking along lines of health, success and happiness.

Two years in the hospital would be sufficient to train the nurses for the great work of the world or for the special schools of teaching, administration, and public health, that are being organized everywhere.

# NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

NITROUS OXID-OXYGEN IN LABOR.—A paper in the *American Journal of Obstetrics* sums up the advantages of the use of nitrous oxid-oxygen in labor. The entire second stage is practically painless. There is no exhaustion. The post-partum psychoses are greatly lessened. The soft parts, especially the perineum, are less often lacerated. Healthy babies are delivered. Involution is prompt. The function of the breasts is not disturbed. The patient usually takes the gas readily. The uterine contractions push the head into and through the pelvis, and it is born without much pain. The labor is normal.

ARTIFICIALLY FED INFANTS.—The *Journal of the American Medical Association*, in a synopsis of an article in the *Medical Journal of Australia*, says that every baby is a law unto himself in capacity, digestive power and assimilative process. Psychic and material individuality are as characteristic of infancy as of adult life. General guiding principles are essential, but no rigid, hard and fast rules can be laid down to fit every case, for the baby is a living entity and not a machine with standardized parts. One must study, examine and handle each baby personally if success is to be attained.

REFLEX COUGH FROM IMPACTED CERUMEN.—A Cuban medical journal reports a case of a spasmodic cough in a young child, resembling whooping cough, for which there was no apparent cause. It ceased upon the removal of an excess of wax in one ear.

IMPROVED TOURNIQUET.—During the war a metal tourniquet of unusual design was found in one of the captured German advanced post surgical hospitals. It was on the principle of a clamp, the arms of rounded steel covered with rubber tubing. An American surgeon modified it and had it made in Boston. The two arms cross at the tip and are rounded to fit the limb; there is a strongly made joint where they cross and the handles are given a direction which brings them nearly parallel when the instrument is applied. An oblong slot in the middle of one handle admits the adjustment screw, which may be shifted to adjust the compression.

PUBLIC HEALTH.—It is stated in a paper in the *Journal of the American Medical Association* that wherever there is a properly organized and vigorous public health service, smallpox, typhoid fever, yellow fever and malaria are now negligible causes of mortality.

The achievement in diphtheria has been in the direction of the cure, not in the prevention of the disease. The decrease in the cases of pulmonary tuberculosis is not so marked. Phthisis and pneumonias alone account for rather more than a quarter of all deaths organologically classified.

WOOD ALCOHOL.—Much attention has been drawn to wood alcohol from the number of fatalities that have followed its use as a beverage. The *Illinois Health News* says it is obtained chiefly from the distinctive distillation of wood,—birch, beech, maple, oak, elm and alder being most frequently used. Wood alcohol is used for denaturing grain alcohol, as a solvent in the preparation of shellac, varnish, dyes, etc., as an ingredient in medical and pharmaceutical preparations; in the chemical industries, and as a fuel and illuminant. Formerly it was a dark, bad smelling, bad tasting fluid, which no one was tempted to drink. Later a process was developed by which this color, smell and taste were removed, making its substitution easy by unscrupulous persons.

ALOES AS A PURGATIVE.—The *Journal of the American Medical Association* says that if a purgative pill is needed, a sufficient dose of aloes is all that is necessary. The dose required is small, it is reliable, and does not lose its efficiency on prolonged use. The odor is disagreeable and the taste extremely bitter, so it cannot be used in liquid form. It acts chiefly on the colon and if taken by a nursing mother may act as a purgative on the child.

THE BEGINNING OF VACCINATION.—About 150 years ago Edward Jenner, the son of a Gloucestershire clergyman, was told by a milk maid near his home that one could not have smallpox after having had cowpox. He was not even a medical student at this time. Later he studied medicine and lived for two years in the house of John Hunter, the famous London surgeon. He tried in vain to rouse Hunter's interest in the facts he had been told. Dr. Jenner finally devised the method of vaccination which made actual contact between the cow and the patient unnecessary.

VACCINATION WITHOUT SCAR.—Major Goodall, of the Canadian Army, has been experimenting with vaccination by hypodermic injection of the virus. There is no open wound requiring dressings, and subject to infection. It is effective in a large number of cases; it is easily administered to children, and the local and systemic reactions are comparatively mild. It is still to be settled whether it produces immunity, and if so, if it is permanent.

# LETTERS TO THE EDITOR

**The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to ensure publication.**

## WHERE ARE THE UNIT FLAGS?

Dear Editor: Will you kindly advise through the *Journal* what has become of the different Unit flags which the nurses carried with them to France? Our Unit, No. 53, would especially like to know where the flags are placed after being sent to the Surgeon General's Office in Washington. I shall be very grateful to receive this information, and know many other nurses will also.

Massachusetts AUGUSTA E. JOHNSON.

## WANTED—OLD COPIES OF THE JOURNAL

Dear Editor: I am writing to ask if you can let me know if there is any possibility of my obtaining the back files of the *American Journal of Nursing*. We are very anxious to have this for our Library in the Peking Union Medical College Training School for Nurses and hope it will be possible to obtain them.

ANNA D. WOLF, Superintendent.

(*Journals* necessary to complete this file are October, November, December, 1900; all of 1901 through 1904; all of 1906; January, February, March, April, June, 1907; July, 1908; October, 1909; all of 1910 and 1911; January, February, March, 1912. We also have a call for August, October, November, December, 1911; January, 1912; September, 1913.—Ed.)

## WANTED—OLD COPIES OF LEAGUE REPORTS

Dear Editor: I should like to get in touch with some one who has old copies of the reports of the Superintendents' Society, now the League of Nursing Education,—especially those of the first ten years.

A SUPERINTENDENT.

(Replies may be sent to this office, addressed Superintendent, care Letter Department.—Ed.)

## RECONSTRUCTION FOR THE ARMY NURSE

### I.

Dear Editor: I wonder if nurses discharged from the Service without disability, who now find themselves too sick to be able to work, realise that they can apply for treatment to the government through the United States Public Health Service. Some of the ex-service people have an idea that it is only those who had disability and were receiving compensation, who are entitled to treatment. This is not the case. I, myself, was taken sick before my accrued leave had expired. I took care of myself for two weeks thinking that it was only a slight indisposition which would be corrected with rest and quiet, but at the end of that time, when I was growing worse instead of better, I met an officer of my American Legion Post, a nurse, who asked me why I did not apply to the Government for the treatment I needed. I had thought I felt too miserable to bother with the red tape I thought it would necessitate to apply for treatment, but there is really very little. After a diagnosis and history of the case have been made, a specialist takes charge of the patient and a nurse appreciates this thoroughness. In my

case I had an intestinal and stomach specialist and the best of care and attention from the doctor as well as the hospital, where I am treated just as any private patient who has her own doctor is treated. It is probably well known that the U. S. Public Health Service has a number of hospitals throughout the United States, but in cities where there are not any, the patient is sent to a private hospital. I would urge all nurses desiring to apply for treatment not to hesitate to do so, either through their American Legion Post, the Home Service Section of their Red Cross Chapter or their Red Cross Division Director, all of whom stand ready and willing to help every ex-service nurse.

A. L. L.

II.

Dear Editor: Through the columns of the *Journal* I would like to tell other nurses who may have been disabled in the service about the advantages for vocational training which the government is offering. When I returned from France disabled, and while still a patient in a U. S. General Hospital, the Federal Board Adviser came each week to talk with us and to offer vocational training in any line of work that we were fitted to pursue and that might appeal to us, extending over a period of from one to four years. Any nurse who has been disabled in the service and wishes to take advantage of the vocational training must make application direct to the Federal Vocational Board in the Division where she is living, or through the Director of the Red Cross Nursing Service, who will take the matter up for her. This application must be made within one year after discharge and the course asked for must be pursued within five years. Every case receives careful consideration and each person in training is paid eighty dollars a month to cover expenses, and more according to those depending on her. My disability, resulting from an infection following injury in France, makes it impossible for me to use either arm to any great extent, so I asked for training in poultry raising and bee keeping. Washington approved of two years' training at the State Agricultural College of Colorado, but as the climate there was too cold, I was transferred to the University of California, where it is warmer. Here I am getting a very good course in poultry husbandry, which covers every phase of the industry from incubation to the general management of a plant. Along with the poultry work I am getting a very good course in bee keeping, which is pleasant and interesting and is easily handled. While I have had to give up a profession which I thought nothing could replace, the Government, through this vocational training, is compensating me for what I have lost and is enabling me to be independent and to do something that is profitable as well as useful.

K. B. M.

## HONOR TO WHOM HONOR IS DUE

Dear Editor: Just a few weeks ago, the members of the New York City League for Nursing Education were surprised to hear that Amy M. Hilliard had resigned her position as superintendent of nurses of Bellevue and Allied Hospitals, and intended to take charge of the Samaritan Hospital, Troy. Miss Hilliard is one of our best loved members, having endeared herself to us during her years of service as Inspector of Nurse Training Schools, and more recently at Bellevue she has made that vast institution seem very human. To those familiar with the nursing problems presented by the four hospitals included under the term "Bellevue and Allied" it is easy to understand what an immense relief it must be for Miss Hilliard to let this burden slip from her shoulders, and sorry

as we are to lose her from our immediate group, for her own sake, we are glad that her new field of work promises to be of a very different kind, and free from many of the difficulties peculiar to municipal hospitals. Because Miss Hilliard's many friends were most anxious for an opportunity to say "Good-bye" and express their best wishes for success in her new field of work, the New York City League held a farewell reception in her honor at the Central Club on Wednesday, February 25. It was interesting to note that the three important boards with which Miss Hilliard had worked were represented, not only by many members, but by their presidents as well: Doctor John W. Brannan, president of the Board of Trustees; Doctor George B. Stewart, president of the Medical Board, and Mrs. Wm. Church Osborne, president of the Board of Managers who, we have always understood, acts as a fairy godmother to the Bellevue Training School. Dr. Stewart's tribute to Miss Hilliard's work was expressed in the following words: "To have successfully carried the responsibility of the nursing at Bellevue Hospital during the war period, is an achievement of which any woman may well be proud." Mrs. Osborne stated that the Board of Managers accepted Miss Hilliard's resignation with the greatest regret because of their great admiration for her disinterestedness, capacity, and the serenity with which she met and rose above unusual difficulties. They felt that her contribution to the School had been a definite plan for constructive reorganization much of which had been carried out despite innumerable difficulties due to the war, the calling of the Bellevue unit into active service, and later, the terrible epidemic of 1918 which severely strained all the facilities of the hospital, and made enormous demands on the nursing service which were all the harder to meet because of the illness of many and the death of several pupil nurses. During this awful time, Miss Hilliard lost several members of her immediate family and yet through it all she showed unflinching courage and devotion to duty. In spite of these unusual circumstances, she put through various administrative reforms which required great decision and much careful planning. Miss Nutting, Miss Goodrich, and the entire faculty of the Nursing and Health Department of Teachers College, Miss Palmer of the *American Journal of Nursing*, representatives of the Red Cross, and a noticeably large number of faculty members from all of the New York Schools, were among the guests. We count Bellevue's loss to be a very great gain for the Samaritan Hospital and congratulate the Board of Managers on having secured Miss Hilliard to take charge of the hospital. Our best wishes go with Miss Hilliard and coupled with them is a strong undercurrent of hope that we are only loaning her to Troy for a time, and ere long, she will be in our midst again.

New York

CAROLYN E. GRAY.

## RANK FOR NURSES

### I.

Dear Editor: This is 1920, a year of hope, a year of reconstruction—readjustment, and the year in which many wrongs are to be made right. It is only in peaceful moments that we can concentrate our minds. Those moments are here and we—thousands of us—must think, must act, and give to the nurse that which is rightfully hers—RANK. I say, "We must give." Who else will give it, unless the thousands who realize that it belongs to her stand as one, and work for the same object? During my army service I was on leave of absence and traveled through the west. I was clad in full regulation uniform. Having some time between trains in a certain town, I stepped into an ice cream parlor.

As soon as I entered, my attention was drawn to two soldiers. One instantly stood at salute, but the other remained seated, glanced in my direction, and then went on with his ice cream. I acknowledged the salute of the one soldier (needless to state, he was a Canadian), and as gracefully as possible left the parlor. I wanted to get outside. I was sick at heart. The United States lad was not to blame. I was just one of the nurses from some near or far camp. I held no rank, was neither an officer nor an enlisted man, and he was under no obligation. I shall never forget the look of pride on the Canadian's face; likewise, I shall never forget the look of astonishment on the American's face as he watched his companion, and wondered for what officer he was standing at attention. I love my country and believe in her, and she has never failed in the right. This is the year that the United States is going to give her nurses, those who are living, and those who have heard the "Well done," that justice—Rank!

Ohio R. F. D.

II.

Dear Editor: As a Red Cross reserve, while we were at the war and after, my experience has convinced me that Rank for Nurses in the army is the only solution to the difficulties that arise when one is in charge; for the chief nurse and for any nurse who assumes any responsibilities. The nurse then would not be subjected to insults from ignorant, uneducated, non-commissioned officers. These non-coms when they get their commissions, have a little "Kaiser rule the world" disposition, and if the nurses had rank considerable trouble would be eliminated. My next reason is, "America first." We look upon America as the leader of the world. If she is, why then does not Uncle Sam give rank for nurses without further parleying? Canada, Australia and England all gave rank to their nurses, and a salary to correspond. American nurses willingly went overseas and to camps at home. As a rule, they are not looking for recognition, and it seems to me the least Uncle Sam can do is to give them rank without their having to fight for it. If American is first, let her wake up to the needs of those worthy of recognition.

Washington J. B.

III.

Dear Editor: In the March number of the JOURNAL I find in Letters to the Editor two letters from army nurses based on entirely different viewpoints. The first letter signed "F. W. B.," makes me very much ashamed, not of her but for her. The second letter gives a much better idea of actual conditions. "R. G. C." says in her letter, "there are two sides to every story," "there are black sheep in every flock." Might it not be reasonable to expect black sheep in the nursing flock, as well as among the officers? I was in the army two years and never during my enlistment was I "insulted or unhonored" by an officer or an enlisted man. I was overseas, and I can say when I came back I found a real welcome, and we were always well taken care of. Our comfort abroad was made very pleasant by the American Red Cross. Many things the army could not have were furnished by the Red Cross. It did not give us luxuries, but it helped us through some pretty trying times. Do you think Rank for Nurses would relieve such conditions as F. W. B. describes? Perhaps these officers were acquainted with some black sheep in our profession. Her prejudice may be through some purely personal dislike. Need that cloud her entire vision? I am rather indifferent about Rank for Nurses. In America men are courteous to women instinctively, regardless of what position or rank they hold in any situation that

comes within their notice, providing the lady demands respect. One can never demand that respect by giving nurses rank. Part of the nurses do not need it. The ones that do will abuse it. I have not been convinced that it will cure the evil it is intended for. American men are by far more civil to American women than are British men to their women. Do we need it really?

Illinois A. R. W.

IV.

Dear Editor: Replying to "R. G. C." in the March number of the JOURNAL, I wish to let it be known that I am an ex-Chief Nurse, Army Nurse Corps, who certainly did receive a square deal, and would like to have it known also that it was by the members of the regular army. I do not wish to be disagreeable about the matter, but it is a terrible disappointment to me to read all the petty complaints the nurses are making, after the most wonderful experience and opportunities they have just had. It is almost incredible to realize a body of women trained as these women have been to meet just such an emergency, with every consideration made for their safety and comfort, could have done it with so little appreciation, seemingly so. I was a Chief Nurse for about sixteen months, serving in this country and in France, and I do not know of one instance where the Army Nurse Corps was not treated with every consideration, especially by members of the regular army. Many of the complaints are from nurses who have had little or no experience, who were not equal to meet conditions as they presented themselves, and the fault was, of course, with the army. These nurses are poor soldiers, to my way of thinking. It occurs to me it is as much a part of our duty to be loyal to those who shouldered the responsibility, as it was to care for the soldiers, and it is not being loyal to be so hypercritical. It might be well for the nurses who are so dissatisfied to stop and give the matter a little consideration to this end: that not one complaint has come from the nurses who were unable to go overseas, and who would have changed places with these nurses willingly. Also not one complaint has come from the Army Nurse Corps personnel as to the conduct of the nurses in many instances, and as to their inefficiency, in not coming up to the mark. There is no thought given these women who have worked for years in building up the Army Nurse Corps, endeavoring to put it on a basis which made it possible for the nurses to enjoy the privileges afforded them, during the great war. Another thing brought to my attention, some time ago, was a complaint of a nurse who had been transferred from one post to another, and had not received her pay for six months or such a matter, and her criticism was of the paymaster who would not pay her, although she had nothing to show that she had not been paid. That this nurse was inconvenienced, I will acknowledge, and the fault was not hers, but that of the commanding officer or Chief Nurse of the post from which she had been transferred, for allowing her to travel without proper credentials. A number of criticisms could be straightened out very easily if the Chief Nurses had known their Manual a little better. No paymaster in the whole army would refuse a nurse her pay provided she had her letter of appointment or assignment with her. In closing I wish it to be understood that, whether I belong to "better class of nurses" or not, I will gladly offer my services to my country, through the Army Nurse Corps, in case of any emergency. We want rank, and should have it, but we will never get it unless we show we are big enough to deserve it.

New Jersey M. M. W.

## HOW WE RAISED OUR MONEY FOR THE MEMORIAL FUND

Dear Editor: The Hurley Hospital Training School gave an invalid party on January 29, in the Nurses' Home for the benefit of the Florence Nightingale Training School in Bordeaux, France. About fifty guests were present, the members of the intermediate class acting as hostesses. The first part of the program consisted of dancing in the parlors which had been cleared for the purpose. Music was furnished by some members of the school. Then the guests, or "patients," were ushered to the class rooms that had been converted, by the nurses, into doctors' offices and operating rooms. One sign read: Dr. I Believe, Diagnostician; another one, Dr. Perry Cardium, Heart Specialist; and others were, Drs. T. B. Thin, I. M. Stout and I. C. and Hear. From the office of Dr. I. Believe the patients were referred to the different specialists according to the symptoms described. Many amusing diagnoses were made. Last of all came the attractive apartments of Madame Vanity, the Beauty Specialist, from which the patrons emerged with highly colored cheeks, eyesbrows and eyelashes darkened, some with powdered hair, others with moustaches and all with beaming countenances. About this time there was heard the clang of the police ambulance and in came the night supervisor, with an air of grave authority, followed by two stalwart police officers, bearing on a stretcher the form of what appeared to be a badly torn and bruised sailor lad. Then followed a number of people who, it appeared, had been in a wreck. Some were suffering from shock, others had lacerations and contusions of a greater or lesser degree. Of course, with so many doctors present, first aid was given immediately, and after a little of the camouflage was removed, our patients proved to be senior and graduate nurses from our own ranks, turning the joke on the hostesses and creating much merriment. After refreshments, every one returned to the parlors where dancing was enjoyed until the hour of closing. The juniors gave splendid service by relieving members of the intermediate class who were on night duty. A nominal fee was cheerfully paid for consultations, as well as for the dances.

Michigan

SARAH COOPER,
Member of the Intermediate Class.

# NURSING NEWS AND ANNOUNCEMENTS

## NATIONAL

**The Convention.**—The biennial convention of the American Nurses' Association will be held April 12-17, at Atlanta, Ga. The meetings will be held in The Tabernacle.

**Hotels.**—The Piedmont Hotel will be headquarters, with rates varying from $2 to $6 a day. Other hotels are: Hotel Ansley, $2-$4; The Cecil, $2-$5; Georgian Terrace, $2.50-$25; Hotel Winecoff, $2-$3; Imperial Hotel, $2-$6; Kimball House, $1.50-$2; Marion Hotel, $1.25-$1.50; The Pickwick, $1.50-$3.50. Nurses intending to attend the convention should engage rooms at once and should write to the hotels for particulars, as to whether the room has a bath, what the rates are for one person, for two, etc.

**Credential Cards.**—Credential cards have been sent to the secretaries of paid-up state associations, in proportion to their membership, one for each fifty members. In large states, where there are many cards, those not needed for the delegates who directly represent the state should be distributed among the districts, so that any nurse who attends the convention paying her own expenses, or having them paid by a district or an alumnae association, may be made a state delegate, as well. Every state should see that all its credential cards are used, but these must be signed by the state president or secretary before being sent out. Delegates having proxy votes should bring as many cards as they have votes.

**The Ticket of Nominations** is printed on the pamphlet of instructions to delegates and may also be found in the March *Journal*.

**The Programmes** for the meetings of the three national organizations will be found in the March *Journal*. Some changes have been made since these were published, but in the main, that outline will be followed.

### Two-day Special Sessions of the National Organization for Public Health Nursing, April 9 and 10

While the regular sessions of the convention will open on the 12th, arrangement has been made for special groups to meet concurrently on April 9 and 10. These meetings will be informal in character. They will be open to any guests who care to attend, though they are especially designed for the nurses interested in infant welfare and school nursing, tuberculosis and industrial nursing. These sessions will take the form of conferences, and will be arranged for those working in cities and for small town and rural nurses.

### THE NURSES' RELIEF FUND, REPORT FOR FEBRUARY, 1920

| | | |
|---|---|---|
| Previously acknowledged | $4,245.02 | |
| Contributions received | 472.10 | |
| | $4,717.12 | |
| Disbursements | 150.60 | |
| | | $4,566.52 |
| Invested funds | | 23,100.00 |
| | | $27,666.52 |

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York City.

M. Louise Twiss, *Treasurer.*

## MEMORIAL FUND FOR THE NIGHTINGALE SCHOOL, BORDEAUX, FRANCE

(Contributions received, February 15-March 15)

| | | | |
|---|---|---|---|
| Previously acknowledged | $20,653.72 | Oklahoma | 41.00 |
| Alabama | 7.00 | Pennsylvania | 430.70 |
| California | 69.05 | Rhode Island | 190.00 |
| Colorado | 268.00 | South Carolina | 4.00 |
| Connecticut | 321.56 | Tennessee | 77.50 |
| Georgia | 20.00 | Texas | 119.50 |
| Idaho | 1.00 | Utah | 67.50 |
| Illinois | 254.00 | Virginia | 130.50 |
| Indiana | 45.00 | Vermont | 15.40 |
| Iowa | 32.00 | Washington | 2.50 |
| Kentucky | 101.00 | West Virginia | 26.50 |
| Louisiana | 28.00 | Wisconsin | 5.00 |
| Maryland | 46.50 | Hawaii | 10.00 |
| Maine | 112.50 | Canada | 1.00 |
| Massachusetts | 688.70 | U. S. Public Health Service, Hospital No. 36 | 30.00 |
| Michigan | 179.00 | In memory of— | |
| Minnesota | 49.00 | Dorothy Koellner | 5.00 |
| Montana | 5.00 | A friend | 10.00 |
| Missouri | 195.50 | | |
| Nebraska | 193.00 | | $26,271.98 |
| New Hampshire | 18.00 | | |
| New Jersey | 177.85 | Previously acknowledged, 200 francs | |
| New York | 1,483.50 | | |
| North Dakota | 33.00 | Two Nurses, Marine Hospital, Cleveland, O., 40 francs | |
| Ohio | 124.00 | | |

## ARMY NURSE CORPS

The policy has been adopted to replace all nurses serving with the American Forces in Germany, at the expiration of two years of service overseas. In accordance with this plan, Chief Nurse Elizabeth J. Kenny, Chief Nurse Rae D. Landy, Nurses Marie E. Cloherty, Theresa Cloherty, Elenora Guertin, Kathleen Tee Van, Isabella M. Flewwelling, Bridget A. Mullaney, Lucy Morris, Kathryn M. McCarthy, Ada Sturgis, and Magdalen C. Fisher were sent to Coblenz, Germany, in February, to replace nurses whose two years of foreign service had expired.

Chief Nurse Katherine C. Hannan and twelve nurses, having completed one year of duty at Evacuation Hospital No. 17, Vladivostok, Siberia, recently reported at Letterman General Hospital, San Francisco, California. As all troops are being withdrawn from Siberia, the remaining nurses will shortly be returned.

One hundred forty-six nurses were discharged from the Army Nurse Corps during February, and Ethel J. Cole, Sydney Hall, Annie L. Hart, Carrie May Jones, Fannie Kuhlig, Lulu M. Morley, Jean O'Leary, Clara Swenson, and Viola Horn Swindell were appointed into the Corps. Eighteen nurses were transferred from the Reserve to the Regular Corps.

Two more names have been added to the honor list of nurses who gave their lives in the service of their country, those of Nurse Martha A. Browne, who died at Letterman General Hospital, San Francisco, on February 26, 1920, and Nurse Allicia Lea Cage, who died at General Hospital No. 2, Fort McHenry, Maryland, on February 29, 1920.

The British Military Attaché has recently notified the Surgeon General that all American medical officers, nurses, and men of the Medical Department, who were ordered by proper authority for duty with the British Army, are entitled to the British War Medal and that it will be issued to them in due time. In the meanwhile, nurses authorized to receive this medal may order the ribbon representing the medal from Mayer's Military Shop, 1331 F Street, N. W., Washington, D. C., at a cost of twenty-five cents per pin.

In order to clear up what seems to be a fairly general misapprehension regarding the matter, this opportunity is taken to explain that members of the Army Nurse Corps, either regular or reserve, do not get a special form of "Discharge Papers." Members of the Regular Corps receive upon their admission to the service, a Letter of Appointment. When they leave the service, the final notation upon their letter of appointment states:

----------19---

With the approval of the Secretary of War, and by order of the Surgeon General, dated ----------, the nurse within named is honorably discharged from the Army Nurse Corps, to take effect----------

----------

United States Army.

A Reserve Nurse, when admitted to the service, receives a Letter of Assignment, and when she is separated from the service, a final notation is made upon her letter of assignment as follows:

----------19---

With the approval of the Secretary of War, and by order of the Surgeon General, dated ----------, the reserve nurse within named is relieved from active service in the Military Establishment, to take effect----------

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United States Army.

This is considered the same as an honorable discharge. No other "Discharge Papers" are issued. The letter of appointment or assignment, with all the notations upon its reverse side, and the final statement of separation from service, is all that a nurse has as an evidence of her service in the Corps, and should therefore be carefully guarded. Should it become lost, a statement to this effect, made before a notary public, must be sent to the office of the Surgeon General before a duplicate certificate of service, giving the important facts of the nurse's service,—admission, discharge, etc.—can be issued to her. A great deal of confusion and delay in adjusting claims of all sorts has been caused by the loss on the part of nurses, of their letters of appointment or assignment after their separation from the service.

The question of preparing and issuing a special "Discharge Paper" for

members of the Army Nurse Corps, is now being considered, as is also the matter of a special service record.

Through the kindness of the Surgeon General and the Commanding Officer of General Hospital No. 6, Fort McPherson, Georgia, arrangements have been made whereby a number of chief nurses from the eastern part of the United States can be sent to Atlanta for the convention of the nursing associations. These chief nurses will be entertained at General Hospital No. 6, Atlanta, where Miss Alice Agnew is chief nurse.

The nurses who were on duty in France with the B. E. F. will be interested to know that the Secretary of War has sent an invitation to Dame Maud McCarthy, who was Matron-in-Chief of the B. E. F., to visit New York, Washington, and Atlanta, as a guest of the Army Nurse Corps. It is not known yet whether Dame McCarthy will be able to accept the invitation, but if she does every effort will be made to assure Miss McCarthy of the appreciation and gratitude that the American nurses feel toward her because of her interest and concern for the welfare of those of their number who were under her charge.

It has been definitely decided that the Army School of Nursing will be continued. A branch of the school will be maintained at Walter Reed General Hospital, and probably one at Letterman General Hospital. The idea of retaining the school is to conduct a model training school, demonstrating the advantages that a training school has which is maintained by the Army, because in the Army the school can be run as an independent organization—a separate, educational institution—upon which the hospital does not depend for its nursing force. New students will be admitted as probationers to the Army School of Nursing in May and June, and will be stationed at Walter Reed, where the equipment of the class rooms, laboratory, and demonstration rooms for the school are unique in their completeness and excellence of detail. There are nurse instructors, whose whole duty it is to be in charge of the education of the students, and a large number of officers of the staff have as a special part of their duties, the instruction of student nurses. Since the students of the Army School are not counted as part of the nursing staff of the Army Hospitals where they are stationed, and since shortage of employees does not affect the work of student nurses in any way, the class work and regular routine of the school can be carried on without interruption, unless an emergency of great severity arises.

JULIA C. STIMSON,
*Superintendent, Army Nurse Corps.*

**Arkansas.**—THE ARKANSAS STATE BOARD OF NURSE EXAMINERS will hold examinations at the State Capitol, Little Rock, May 4 and 5, at 1:00 p. m. Sister Bernard, Secretary-treasurer, St. Vincent's Infirmary, Little Rock.

**Colorado.**—THE COLORADO STATE BOARD OF NURSE EXAMINERS will examine applicants for state registration at the State House, Denver, May 4, 5 and 6, 1920. For further information, address the Secretary, Louise Perrin, State House, Denver.

**Connecticut: New Haven.**—THE ALUMNAE ASSOCIATION OF THE CONNECTICUT TRAINING SCHOOL at its March meeting had an interesting address by Margaret K. Stack on her work as field director. Julia Mulcahy has been elected president of the Association. ALBERTA WILDMAN has been appointed night supervisor in the New Haven Hospital, and Edith DeFreest has resumed her position as assistant in the operating room. HELEN BRUGER is taking the course in Public Health Nursing given by th Visiting Nurse Association. JULIA MULCAHY, graduate of

this School and of the New Haven School of Public Health Nursing, is assisting Dr. H. B. Wood, of New York, in making a detailed survey of health conditions in the schools of Southington.

District of Columbia.—The Nurses' Examining Board will hold an examination for the registration of nurses on Wednesday, May 12; applications to be in before April 27. Apply to M. T. Flynn, secretary, 1337 K. Street, N. W., Washington. The Graduates of the Children's Hospital organized an alumnae association at a meeting held on March 1, with the following officers: President, Marjorie Hamill; vice-presidents, Mrs. Caroline Tilton, Ellen Proctor; secretary, Lucy Lee, Episcopal Hospital; treasurer, Charlotte Estes; directors, Jane Spence, Elizabeth Jones, Martha Trigg, Evelyn Saunders.

Georgia.—The Third District Association of Graduate Nurses held its second meeting at the Macon Hospital Nurses' Home, February 25. Laura Hill gave an interesting talk on China. Mamie Nagy-Haas was elected delegate to the Atlanta Convention. The Macon Hospital Alumnae were hostesses. The next meeting will be held April 23.

Hawaii: Honolulu.—The Nurses' Association of Hawaii held its annual meeting on January 5, when the following officers were elected: President, Grace Ferguson; vice-presidents, Bess Young, Mrs. Paul Spain; secretary, Mabel Smyth, 1732 Beckley Street, Honolulu; treasurer, Mrs. H. B. Sinclair; trustees, Mrs. E. W. Bratton, Ida Bellows, Mary Johnson, Josephine Marquart, Effie Craig, Anna Huber.

Idaho.—Laws and Regulations Pertaining to Registered Nurses in Idaho.

Sec. 31. Department of Law Enforcement. The Department of Law Enforcement shall have power:

* * * * *

8. To exercise the rights and duties vested by law in the State Board of Examination and Registration of Graduate Nurses, its President and Secretary-Treasurer.

* * * * *

Sec. 32. Same: Registration of Occupations. The Department of Law Enforcement shall, wherever the several laws regulating professions, trades and occupations which are devolved upon the department for administration so require, exercise, in its name, but subject to the provisions of this Act, the following powers:

1. To conduct examinations to ascertain the qualifications and fitness of applicants to exercise the profession, trade, or occupation for which an examination is held; to pass upon the qualifications of applicants for reciprocal licenses, certificates and authorities.

2. To prescribe rules and regulations for a fair and wholly impartial method of examination of candidates to exercise the respective professions, trades or occupations.

3. To prescribe rules and regulations defining, for the respective professions, trades and occupations, what shall constitute a school, college or university, or department of a university, or other institution, reputable and in good standing and to determine the reputability and good standing of a school college or university, or other institution, by reference to a compliance with such rules and regulations.

4. To establish a standard of preliminary education deemed requisite to admission to a school, college, or university, and to require satisfactory proof of the enforcement of such standard by schools, colleges and universities.

5. To conduct hearings on proceedings to revoke or refuse renewal of licenses, certificates or authorities of persons exercising the respective professions, trades or occupations, and to revoke or refuse to renew such licenses, certificates or authorities.

6. To formulate rules and regulations when required in any act to be administered.

None of the above enumerated functions and duties shall be exercised by the

Department of Law Enforcement, except upon the action and report in writing of persons designated from time to time by the Commissioner of Law Enforcement to take such action and to make such report, for the respective professions, trades and occupations as follows:

* * * * *

For the Registered Nurses three persons, one of whom shall be a physician licensed to practice in this State, who shall have been graduated for at least a period of five years from a reputable school, and two of whom shall be registered nurses in this State and shall have been graduated for at least a period of five years from a reputable training school for nurses and all of whom shall be residents of this State and engaged in professional work.

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## CHAPTER 88
## GRADUATE NURSES

88:4. EXAMINATIONS. It shall be the duty of the board to meet in the City of Boise for the purpose of holding examinations not less frequently than once every year, and at such times as they may determine; the board shall also, at least once a year, arrange for an examination in some convenient place in the northern part of the State. The board shall, from time to time, adopt rules for the examination of applicants for registration in accordance with the provisions of this chapter.

Notice of the meetings of the board shall be given to the public press and to at least one journal devoted to the interest of professional nursing, and by mail to every applicant and to every reputable training school in Idaho, at least 30 days prior to the meeting. At such meetings it shall be the duty of the board to examine all such applicants for registration under this chapter as are required to be examined, and to issue to each duly qualified applicant who shall have complied with the pertinent provisions of this chapter the certificates provided for in this chapter.

(*Note*: *Where the words "state board of examination and registration of graduate nurses" or "Board" appear, substitute "Department of Law Enforcement."*)

88:5. QUALIFICATIONS OF APPLICANTS. Each applicant for registration shall furnish satisfactory evidence that he or she is 21 years of age and of good moral character.

On compliance with the pertinent provisions of this chapter, nurses otherwise qualified shall be entitled, upon the payment of $10, to registration as follows:

1. Nurses who at the time of application shall have graduated from a reputable training school connected with a general hospital requiring a systematic course of at least three years' training.

2. Nurses who at the time of application shall have been graduated from a reputable training school connected with a special hospital requiring a systematic course of at least two years' training, and who at the time of application shall have obtained in a reputable general hospital one year's additional training in subjects not adequately taught in the training school from which they were graduated, and shall pass an examination to determine their fitness and ability to give efficient care to the sick.

88:6. REGISTRATION WITHOUT EXAMINATION. The board, upon written application, and upon the receipt of $10 as registration fee, may issue a certificate, without examination, to those who shall have been registered as registered nurses under the law of another state having the requirements equivalent to those of Idaho: *Provided*, That the board shall be sole judge of credentials of any nurse admitted to registration without examination.

88:7. CERTIFICATE: RECORDING. All certificates issued by the board shall be signed by all members thereof and shall be attested by the president and secretary.

Any person to whom a certificate of registration shall be issued shall, within 30 days thereafter, cause the same to be recorded with the county recorder of

the county in which such person resided at the time of application. Such persons shall be prepared, whenever requested, to exhibit such certificate of registration or a certified copy thereof. Registered nurses changing residence in the state must present a certificate of registration or a certified copy thereof to the county recorder within 30 days of establishing new residence.

88:8. REVOCATION OF CERTIFICATE. The board may revoke any certificate by unanimous vote for dishonesty, gross incompetency, a habit rendering a nurse unsafe to be intrusted with or unfit for the care of the sick, conduct derogatory to the morals or standing of the profession of nursing, any wilful fraud or misrepresentation practiced in procuring such certificate, provided the holder of such certificate shall have been given at least 30 days' notice, in writing, of the specific charge against such holder, and of the time and place of hearing the charge by the board, at which time and place the holder shall be entitled to be heard and to be represented by counsel.

Upon the revocation of any certificate, the same shall be null and void. The holder thereof shall cease to be entitled to any of the privileges conferred by such certificate and it shall be the duty of the secretary of the board to strike the name of the holder thereof from the roll of registered nurses, and to give notice of such revocation to the county clerk in whose office such certificate is recorded, and thereupon such county clerk shall note the fact of such revocation upon the record of such certificate.

88:9. REGISTERED NURSES MUST HAVE CERTIFICATES. It shall be unlawful for any person to practice, or attempt to practice, in this state as a registered nurse without a certificate from the board. Any person who have received such a certificate shall be styled and known as a registered nurse, and shall be entitled to append the letters "R. N." to the name of such person. No other person shall assume or use such title or the abbreviation "R. N." or any other words, letters or figures, to indicate that such person is a registered nurse.

88:10. EXCEPTIONS. This chapter shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, nor to any person nursing the sick for hire, who does not in any way assume or pretend to be a registered nurse, and this chapter shall not be construed to interfere in any way with members of religious communities or orders, which have charge of hospitals, or take care of the sick in their own homes, provided such members do not in any way assume to be registered nurses.

88:11. PENALTIES. Any person violating any of the provisions of this chapter shall be guilty of a misdemeanor and shall, upon conviction, be fined for the offense in a sum of not less than $10, nor more than $100, for the first offense and not less than $100, nor more than $500 for each subsequent offense.

Any person who shall wilfully make any false representation to the board in applying for a license shall be guilty of a misdemeanor, and, upon conviction, shall be fined in a sum not less than $100, nor more than $200.

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## CHAPTER 138

### (S. B. No. 187)

AN ACT levying an Occupation Tax in the form of a Renewal License on all persons engaged in trades, occupations and professions licensed by the Department of Law Enforcement and appropriating the proceeds of such License Fees and Renewal Fees for the purpose of conducting a Bureau or Office or Registration in said Department and repealing all inconsistent legislation.

*Be It Enacted by the Legislature of the State of Idaho:*

Section 1. All persons required to procure licenses from the department of law enforcement as a prerequisite for engaging in a trade, occupation or profession must annually renew the same on July 1st of each year. In case of failure so to renew a license, the department shall cancel the same.

Sec. 2. The licentiate shall pay to the department of law enforcement annually a renewal fee of $2.

Sec. 3. All fees and renewal fees received by the department of law enforcement for licenses to engage in trades, occupations or professions shall be deposited

in a special fund in the treasury known as the occupations registration fund. All moneys accruing to said fund are hereby appropriated for the use of the department of law enforcement in conducting a bureau or office of registration.

Sec. 4. All acts and parts of acts in conflict with this act are hereby repealed.

Approved March 18, 1919.

I.

TIME.—Examination for licensure for Registered Nurses will be held in the State Capitol at Boise, Idaho, the second Tuesday of each year.

II.

FEE.—License fee is $10.00.

III.

RENEWAL.—The annual renewal fee is $2.00, payable on or before July 1, of each year.

IV.

APPLICATION.—Application must be in fifteen days before date of examination.

V.

PHOTOGRAPH.—Applications must be accompanied by an unmounted photograph taken within the year preceding the date of examination, attested before a notary.

VI.

RECIPROCITY.—Reciprocity may be arranged by the Department of Law Enforcement with states having requirements equivalent to those of Idaho, provided the applicant furnishes diploma and certificate from the former board where they were issued a license.

VII.

SCOPE.—One Hundred questions will be asked in the following subjects: Anatomy, physiology, hygiene, bacteriology, dietetics, materia medica, infectious diseases, elementary urinalysis, medical, surgical, gynecological and obstetrical nursing, nursing of sick children. The applicant must obtain an average grade of 75 per cent.

VIII.

SCHOOLS.—Requirements of Nurses' Training School:

First: That matriculants entering training school in 1920 and thereafter shall have completed a four years' course in high school, or its equivalent.

Second: Matriculants shall have attained the age of twenty years at the time of matriculation.

Third: Training school shall be connected with a general hospital having a capacity of not less than twenty-five beds, or with a special hospital affiliated with such a general hospital where the required course of training and instruction can be completed.

Fourth: The training school or hospital with which it is connected must be incorporated under the laws of the State of Idaho.

Fifth: Instruction in such training schools shall be given in all branches of practical nursing, anatomy, physiology, materia medica, dietetics, hygiene and nursing ethics, by lectures in medicine, surgery, gynecology, obstetrics, bacteriology, contagious and children's diseases.

Sixth: A probationary period of not less than two months shall be required during which instruction shall be given to all students before they are allowed to assume any nursing responsibilities: provided, that such period of probation shall be considered a part of the three years' training.

Seventh: That an annual inspection be made by a representative of the Department of Law Enforcement, which representative shall be a registered nurse of the State of Idaho, to see that the foregoing requirements are being complied with.

THE IDAHO STATE ASSOCIATION held its annual meeting at the Y. W. C. A. parlors, Boise, on March 2, when the following officers were elected: President,

Emma Amack; vice-president, Anna Daly; secretary, Mrs. S. J. Ewen; treasurer, Frances Caunt. There was a discussion as to fees for private duty nursing, and a schedule of rates was adopted.

**Illinois: Chicago.**—MABEL DUNLAP, class of 1912, Presbyterian Hospital, has accepted a position on the Visiting Nurse staff in Moline. ROSALIND MACKAY, class of 1904, Post Graduate Hospital, has accepted the position of State Director of Public Health Nursing in Oklahoma, a coöperative plan between the Red Cross, the State Board of Health and the Anti-Tuberculosis Association. ELLEN V. ROBINSON, class of 1901, Illinois Training School, has accepted the position as Director of Bureau of Enrollments in Central Division, Red Cross. Miss Robinson will continue to conduct the work of the Local Committee. ADA K. BUTTS, class of 1915, Jefferson Medical Hospital, Philadelphia, is instructor in the Home Care Classes of the Chicago Chapter, Red Cross. HELEN V. DENNE, graduate of Presbyterian Hospital, Chicago, is instructor in the Presbyterian Hospital Training School. WASHINGTON PARK HOSPITAL graduates have accepted positions as follows: Alice Atkinson, class of 1911, anesthetist, Detroit Receiving Hospital, Detroit; Ruth Tapper, class of 1913, Visiting Nurse in Virginia; Ruth H. Gustafson, superintendent of nurses; Ruth T. Widegren, anesthetist; Lillian M. Schweitzer, surgical floor; Harriette Nietzke, Supervisor of obstetrical floor; Laura Christian, night supervisor, Washington Park Hospital.

**Indiana.**—THE INDIANA STATE BOARD OF REGISTRATION AND EXAMINATION OF NURSES will hold an examination for the registration of nurses, May 19, 20, in the State House, Indianapolis. Address all communications to Edna Humphrey, Secretary-Treasurer, Crawfordsville. The following nurses have accepted appointments as Red Cross Public Health Nurses: Annabelle Peterson, Protestant Deaconess Hospital, is supervisor of Red Cross Nurses in Indiana to assist Ina M. Gaskill; Isabella Carleton, Presbyterian Hospital, Chicago, Fulton County; Velma Carpenter, Newton County; Adda Horniday, Huntington County Hospital, Huntington County; Grace Shafer, Hamilton County; Anna Anderson, graduate of Chicago School of Civics, Benton County; Maude Hutchenson, class of 1913, Joseph Eastman Hospital, has been appointed Instructor in Home Hygiene and Care of the Sick for Kosciusko County. **Indianapolis.**—THE INDIANAPOLIS CITY HOSPITAL TRAINING SCHOOL FOR NURSES will hold commencement exercises the week of June 6. June 10 will be Home Coming Day. All City Hospital graduates are urged to communicate with Grace M. Cook, 12 Bungalow Park. KORA KRAMER, Robert W. Long Hospital, and Elizabeth Hand, City Hospital, have accepted positions as staff nurses in the American Hospital, Mexico City. **Crawfordsville.**—AGNES DALTON, of Pittsburgh, has been appointed surgical nurse at the Culver Union Hospital.

**Iowa: Cedar Rapids.**—ST. LUKE'S ALUMNAE met in March and heard a very interesting talk by Helen Tow, at home on furlough from mission work in China, telling of the wonderful field of usefulness open there to doctors and nurses.

**Kansas.**—THE KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold an examination for state registration at the National Hotel, Topeka, May 26 and 27. Applications should be filed not later than May 16, with the secretary of the Board, Sister Mary Helena, St. Barnabas Hospital, Salina. THE KANSAS STATE NURSES' ASSOCIATION will hold its ninth annual meeting in Wichita, May 21 and 22. Since so many problems affecting the profession will be brought up at this meeting, a full attendance is expected. An ecellent programme has been prepared. Adda Eldredge, Interstate Secretary,

will be present. Topeka.—THE TOPEKA PUBLIC HEALTH ASSOCIATION held its annual meeting, January 14. Nearly every branch of public health nursing work has been entered during the last year; 19,275 visits were made, of which 8,474 were for nursing care. An all-time baby welfare nurse was added to the staff, as well as a standardization nurse and a special worker in venereal cases in the industrial division. A membership campaign is to be conducted during April. Mrs. Charles C. Bailey is supervisor of nurses.

Maine.—THE MAINE STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold an examination for applicants for registration on Wednesday and Thursday, April 21 and 22, 1920, beginning at 10 A. M. at the State House, Augusta, Maine. Applications should be filed with the secretary, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston, fifteen days prior to date of examination. Rachel A. Metcalfe, Secretary.

Maryland.—THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination for state registration during the first week of June. All applications must be filed with the secretary before the first day of May. Mary Cary Packard, 1211 Cathedral Street, Baltimore, Secretary. Baltimore.—THE ALUMNAE ASSOCIATION OF THE UNIVERSITY HOSPITAL TRAINING SCHOOL FOR NURSES, at its annual meeting, in January, elected the following officers: President, Mrs. Page Edmunds; secretary, C. Ethel Munroe; treasurer, V. R. Clendenin. At a recent meeting of the association, the members decided to award, each year, one scholarship for the summer school course at Teachers' College, Columbia University, or in a school of equal standing, to a member of the senior class, who is to be recommended by the superintendent and the instructor.

Massachusetts: Boston.—THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its midwinter meeting, February 21. Jessie Grant presided at the League meeting, at which time addresses were made by Adda Eldredge, Betty Eicke, Grace L. Reid and Sara E. Parsons, and discussion of the eight-hour system was opened by Carrie M. Hall. The Private Duty Nurses' League was addressed by Antoinette Fiske. Esther Dart presided at the afternoon session. Reports were made by Laura A. Wilson on the First Conference of New England Nurses, held at Portland, Maine, June, 1919; and by Mary Coonahan, on the Convention of the League of Nursing Education held at Chicago, June, 1919. George Edward Barton and Adda Eldredge addressed the meeting. THE FACTORY NURSES' CONFERENCE held its regular monthly meeting at Boston University, February 27. Labor bills and measures now before the State legislature, with which industrial nurses must become familiar, were discussed and the details explained by those nurses who attended the hearings. During the fall, a lawyer has been instructing the members in parliamentary procedure, and all the members are now able to preside at meetings. Melrose.—MELROSE HOSPITAL TRAINING SCHOOL held its graduating exercises, February 23. Ashton L. Carr, president of the board of trustees, presided. Adda Eldredge addressed the graduates, and Melissa J. Cook made the report of the school and the announcement of graduates. There were eight members of the graduating class. A reception followed the formal exercises. Tewksbury.—THE MASSACHUSETTS STATE INFIRMARY ALUMNAE ASSOCIATION held a meeting on March 4, with fifty members present. An interesting talk was given by the president, Mrs. Mason. The annual dance will be given in April. The May meeting will be held at the Adams Nervine, Jamaica Plain, on invitation of Miss Burke.

Michigan.—THE MICHIGAN STATE BOARD OF REGISTRATION OF NURSES will hold examinations May 18 and 19 at Lansing. Applications should be made to

Mrs. Helen de Spelder Moore, 511 Oakland Bldg., Lansing. THE BOARD OF DIRECTORS OF THE MICHIGAN STATE NURSES' ASSOCIATION met in Lansing, February 26 and 27. It was decided to appoint a citizens' coöper..ting committee c mposed of professional laymen and women to work with and advise the Legislative Committee as to means of increasing the nursing service in the state. The state plans were completed to hold the annual meeting of the Association at Calumet, June 30-July 2. A number of interesting speakers are being engaged. Many members from southern Michigan are planning to take the lake trip, starting from Detroit. THE STATE LEAGUE OF NURSING EDUCATION met at the Blodgett Memorial Hospital, Grand Rapids, March 3 and 4.

Minnesota: St. Paul.—ST. JOSEPH'S HOSPITAL ALUMNAE ASSOCIATION held its regular meeting at St. Joseph's Hospital annex, January 14. Twenty-five dollars was subscribed to the Memorial Fund. The constitution and by-laws of the association were amended to conform to the recommendations of the American Nurses' Association. The business meeting was followed by a social hour. The following officers were elected: President, Ann Lawler; vice-president, Madeline Rau; secretary, Minnie Blesner; treasurer, Sister M. Oswald; Board of Directors, Sister M. Ernesta, Agnes Carroll, Katherine Roach.

Missouri: St. Louis.—THE THIRD DISTRICT ASSOCIATION has elected the following officers: President, Janette Flannigan; vice-presidents, Anna Gillis, Elsie Lannigan; financial secretary, Bertha Love; directors, for three years, Norma Watkins, Olive Serafini; two years, Pearl Flowers, Genevra McMurtry; one year, Iona Betty Hines, Anna J. Whitney. Chairmen of committees are: Nominations, Dorothy Frisinger; Resolutions, Emma L. Warr; Hospitality, Marie Brockman; Nursing News, Laura Fricke. The regular meetings are held on the third Monday of each month except August and September, at 8 P. M., at the Central Library. THE LEAGUE OF NURSING EDUCATION held a meeting on February 18 and elected as officers: President, Lyda Anderson; vice-president, Mabel Welsh secretary and treasurer, Mary Sweet. THE ST. LOUIS TRAINING SCHOOL ALUMNAE, at a recent meeting, expressed gratitude to the nurses who helped in the hospitals when influenza had depleted the staff of both doctors and nurses. A school for hospital children was opened several weeks ago to enable them to keep up with their studies while undergoing treatment. A school of Occupation Therapy is carried on with much interest. Anna Gabriel is taking the Public Health Course at the Red Cross Teaching Centre. Correction in March items,—Adella Steinmetz is laboratory technician at the Jewish Hospital; Margaret Clark is night superintendent at the St. Louis Maternity Hospital.

Montana: Bozeman.—THE BOZEMAN DEACONESS HOSPITAL held commencement exercises at the Methodist Episcopal Church, March 12.

New Hampshire.—THE STATE ASSOCIATION held a meeting at the Eliot Hospital, Manchester, March 10, at which the Interstate Secretary, Adda Eldredge, was present. Franklin.—IDA A. NUTTER, for ten years superintendent of Franklin Hospital, has resigned, her resignation to take effect as soon as her successor is appointed. Miss L. S. Smart, who is Instructor of Nurses, is acting superintendent while Miss Nutter is granted leave of absence, until other arrangements can be made. The hospital was opened to the public January 1, 1910, with Miss Nutter as superintendent. Her resignation at this time is for a long rest from executive work, after which she hopes to take up some form of activity again.

New Jersey.—THE NEW JERSEY STATE NURSES' ASSOCIATION will hold its annual meeting in Newark, April 6. THE NEW JERSEY STATE ORGANIZATION FOR

PUBLIC HEALTH NURSING will hold its quarterly meeting on April 24, at the Board of Health Rooms, Newark.

New York.—AT A CONFERENCE held in February, in New York City, between the directors of the State Association, Dr. Downing, representing the Regents, and several others who were invited to help discuss the matter, it was decided to accept the amendments to the Nurses' Registration Bill, as offered by the Hospital Conference. District No. 1.—The regular meeting of THE WESTERN NEW YORK ASSOCIATION was held in the Hutchinson High School, Buffalo, February 18. The Erie County Hospital Alumnae were the hostesses; the speaker was Marion DeForest. THE ALUMNAE ASSOCIATION OF THE CHILDREN'S HOSPITAL has decided to offer a series of six lectures by graduates of the school to the senior nurses of the school on the following subjects: Private Nursing, Mrs. V. Surerius; Institutional Nursing, Mrs. K. Eschelman; Public Health Nursing, Mrs. Anna L. Hansen; Tubercular Nursing, Mrs. Bertha Gibbons; Columbia University, Mrs. Beers; Anaesthetics, Clara Wurtz (graduate of the Buffalo General Hospital). District No. 2.—THE GENESEE VALLEY NURSES' ASSOCIATION at its February meeting had an illustrated lecture on The Use of Radium in Cancer, by Dr. Lee. The Hahnemann Hospital Alumnae were hostesses. Mrs. Adelaide Brooks Sanford, who has carried the central directory through a very hard period of its existence, in its change of quarters, has resigned as registrar and is succeeded by Emma H. Kehrig, who gave up the position of registrar to enter Army service. Mrs. Sanford's work is greatly appreciated. Miss Ford has resigned her position at Hahnemann Hospital to become superintendent of the Homeopathic Hospital, Syracuse. District No.4, Syracuse.—LOUISE R. SHERWOOD has resigned her position as superintendent of the Homeopathic Hospital to do industrial nursing for the Crouse-Hinds Company. District No. 6, Ogdensburg.—THE DISTRICT ASSOCIATION held its quarterly meeting on January 9 at the Dorothy Lyn Dix Club Room. G. MARION POTTER, class of 1919, St. Lawrence State Hospital, has been appointed principal of the school of nursing, succeeding Ida J. Anstead, who resigned to become superintendent of the House of Mercy Hospital, Pittsfield, Mass. Zaidee B. Maxiner, who has been social service nurse for the past three years, has resigned and is succeeded by Mrs. Florence J. Finn, class of 1910. District No. 8.—THE SARANAC LAKE GRADUATE NURSES' ASSOCIATION met on March 2, with Jeannette McDonald. A nominating committee was appointed. District No. 9, Troy.—AMY M. HILLIARD has accepted the position of Superintendent of the Samaritan Hospital. Alice Shepard Gilman has been appointed superintendent of nurses. District No. 12, Poughkeepsie.—THE DISTRICT ASSOCIATION has been formed with the following officers: President, Rachel McCrimmon, Vassar Brothers Hospital, Poughkeepsie; secretary, Marion Dowling, 65 South Hamilton Street, Poughkeepsie. District No. 13.—THE NEW YORK COUNTIES ASSOCIATION has elected the following officers: President, Agnes Gibney; recording secretary, Sybil Kohler; corresponding secretary, Stella Ackley; treasurer, Marie Pless; directors, for three years, Jennie Greenthal and Mrs. Marion Brockway; for two years, Frances Lurkins and Elizabeth Burns; for one year, Elizabeth Golding and H. Young. THE NEW YORK CITY LEAGUE OF NURSING EDUCATION gave a farewell reception to Amy M. Hilliard, who has resigned her position as superintendent of nurses of Bellevue and Allied Hospitals. THE POSITION OF SUPERVISING NURSE OF THE ASSOCIATION FOR IMPROVING THE CONDITION OF THE POOR, left vacant by the marriage of Miss LeLacheur, has been filled by the appointment of Anne Sutherland, a graduate of the Children's Hospital, Boston, and of Sloane Hospital. She has been with the Boston

Educational District Association and spent the winter of 1915 in Teachers College. THE CITY HOSPITAL ALUMNAE have decided to make a personal canvas of its members for the Memorial Fund. THE JANE A. DELANO POST, No. 244, has sent out a questionaire to its members requesting their opinions on the question of federal or state bonus for ex-service men and women. A form of resolution is enclosed disapproving such a bonus. THE PRESBYTERIAN HOSPITAL ALUMNAE gave an entertainment recently by which the sum of $2,100 was raised for the Memorial Fund.

North Dakota.—THE NORTH DAKOTA STATE NURSES' ASSOCIATION will hold its annual meeting in Bismarck, April 29-30, in the Commercial Club rooms. There will be a conference of superintendents and training-school heads in the evening of April 28. Adda Eldredge, Interstate Secretary, will be present and will address the meetings. A Jane A. Delano memorial service will be held in the city auditorium April 29th, in the evening.

Ohio: Columbus.—THE PUBLIC HEALTH NURSES held their monthly meeting at the Y. W. C. A. Mrs. Mabel Clark Rarey gave an interesting talk on the work of launching the Health Crusade program in the public schools, which was followed by round table discussions.

Pennsylvania: Philadelphia.—ST. JOSEPH'S HOSPITAL ALUMNAE, at its meeting, February 18, elected the following officers: President, Bertha M. Beck; vice-presidents, Agnes Mulherrin, Rose White; recording secretary, Cornelia McMerriman; corresponding secretary, Rose Mundy; treasurer, Agnes Kenny.

Rhode Island.—THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will examine applicants for state registration at the State Capitol, May 27 and 28. For further information address Lucy C. Ayers, R.N., Secretary-Treasurer, Woonsocket Hospital, Woonsocket.

South Carolina.—THE SOUTH CAROLINA STATE NURSES' ASSOCIATION will hold its annual meeting in Sumter, in April, after the Atlanta Convention.

Texas: Austin.—A COURSE IN PUBLIC HEALTH NURSING was inaugurated in the University of Texas in January, 1920, with a second term beginning March 22. It consists of three months of theoretical work, and two months of field work in Houston. Eight students enrolled in January. It is believed that this course will be of great benefit to nurses who expect to do public health work in the south.

Utah.—THE UTAH STATE NURSES' ASSOCIATION held its annual meeting March 2, at the Civic Center, Salt Lake City. A splendid representation of members was present at both sessions. The following officers were elected: President, Mrs. Nellie F. W. Crossland, Salt Lake City; vice-president, Mary A. Williams; secretaries, Agnes Lassen, Salt Lake County Hospital, Salt Lake City, Myrtle Swainston; treasurer, Beatrice Smith; chairman Ways and Means Committee, Hazel Rock; chairman Press and Program, Agnes M. Heggan. Lydia J. Baird is chairman, and Mary Preston is secretary of the Red Cross Nursing Service of Utah. Minnie Fife was reelected registrar for the Nurses' Association Official Directory.

Virginia.—THE VIRGINIA STATE NURSES' ASSOCIATION was forced to postpone its annual meeting from February 24-26, on account of the prevalence of influenza at that time. The meeting will probably be held in May.

Washington.—THE WASHINGTON STATE BOARD OF NURSE EXAMINERS will hold its annual examination in Spokane and Seattle, May 21 and 22. Superintendents of training schools are asked to send immediately to May Mead, State

Normal School, Bellingham, for application blanks. All graduate nurses who have not registered, and all nurses who are registered in other states, are asked to send to Miss Mead for application blanks. Washington graduate nurses who filed their registration certificates in 1910 and 1915 are asked to apply for renewals. THE NURSES' EXAMINING BOARD, at a recent meeting, elected as officers: President, Barbara H. Bartlett, University of Washington, Seattle; secretary-treasurer, Mae Mead, State Normal School, Bellingham.

## BIRTHS

On February 1, at University, Va., a son, Charles Graham, to Dr. and Mrs. R. G. Wiatt. Mrs. Wiatt was Nannie Mae Rudd, class of 1917, Stuart Circle Hospital, Richmond, Va.

On February 11, a son, to Mr. and Mrs. James Bruce Price. Mrs. Price was Julia Nickert, class of 1914, Presbyterian Hospital, Philadelphia.

On February 2, a son, Edgar Samuel, to Rev. and Mrs. E. C. Crouthamel. Mrs. Crouthamel was Gertrude Burmeister, class of 1910, Lankenau Hospital, Philadelphia.

On February 3, in Boone, Iowa, a son, James Richard, to Mr. and Mrs. A. J. Kading. Mrs. Kading was Virginia McKee, class of 1918, St. Joseph's Hospital, St. Paul, Minn.

On February 22, a daughter, to Dr. and Mrs. C. Reed Edwards. Mrs. Edwards was Ruth Conner, class of 1915, University Hospital Training School, Baltimore, Md.

On February 6, in Ladoga, Ind., a daughter, to Mr. and Mrs. John Walter Carmen. Mrs. Carmen was Gertrude M. Perry, class of 1916, Hahnemann Hospital, Chicago.

On February 5, a son, to Dr. and Mrs. McClister. Mrs. McClister was Nellie B. Perkins, class of 1918, Allegheny General Hospital, Pittsburgh.

Recently, a son, to Mr. and Mrs. McGraw. Mrs. McGraw was Ruth Lloyd, class of 1914, Allegheny General Hospital, Pittsburgh.

On February 9, in Pittsburgh, a daughter, Elizabeth Mary, to Mr. and Mrs. Charles H. Lockard. Mrs. Lockard was Rose Wohlfelder, class of 1911, Allegheny General Hospital, Pittsburgh.

On October 21, at Brooklyn Hospital, Brooklyn, a son, Thomas, to Dr. and Mrs. Hull. Mrs. Hull was Ruth DuFrane, class of 1917, Wyckoff Heights Hospital, Brooklyn.

On December 18, a daughter, Ida Dorris, to Dr. and Mrs. Parizot. Mrs. Parizot was Amelia Hartman, class of 1917, Wyckoff Heights Hospital, Brooklyn, N. Y.

## MARRIAGES

On November 11, Elsie Koch, Presbyterian Hospital, Chicago, to Willis E. Johnson, M.D. Dr. and Mrs. Johnson will live in Janesville, Wis.

On January 10, Ruth Weisdorfer to George Anderson, M.D. Dr. and Mrs. Anderson will live in Spokane, Wash.

On September 10, in Albany, N. Y., Olive A. Chabbott, class of 1917, St. Lawrence State Hospital School of Nursing, Ogdensburg, N. Y., to Daniel Gallagher. Mr. and Mrs. Gallagher will live in New York City.

On October 21, Grace Gaffney, class of 1919, St. Lawrence State Hospital School of Nursing, Ogdensburg, N. Y., to Floyd Hunger. Mr. and Mrs. Hunger will live in Ogdensburg.

On September 7, in Gouverneur, N. Y., Zaidee B. Maxiner, class of 1916, St. Lawrence State Hospital School of Nursing, Ogdensburg, to Harry J. Hensby. Mr. and Mrs. Hensby will live in Ogdensburg.

On December 17, Gertrude C. Harvey, class of 1918, St. Louis Training School, to Lieut. Jos. H. Payne, U. S. Infantry.

On January 31, Betty Bray, Graduate of St. Louis Training School, St. Louis, to Arthur Mevius. Mr. and Mrs. Mevius will live in Jasper, Mo.

On December 29, Bertha Beeman, graduate of the St. Louis Training School, to C. C. Bauman, M.D.

On February 12, Albertina Washow, class of 1916, Lutheran Hospital, St. Louis, to George Falstig. Mr. and Mrs. Falstig will live in St. Louis.

On February 14, in New York City, Bessie L. LeLacheur to Lorin Brehart. Miss LeLacheur has been, for several years, the head nurse of the Association for the Improvement of the Condition of the Poor in New York City. She is a graduate of McLean and the Massachusetts General Hospitals.

On December 29, in Spokane, Wash., Ellen Carolyn Wiley, class of 1919, Georgetown University Hospital, Washington, D. C., to Dwight Lyman Jamison. Mr. and Mrs. Jamison will live in Redmond, Ore.

On November 28, in Crawfordsville, Ind., Essie Armfield, class of 1906, Culver Union Hospital, Crawfordsville, to Robert J. Davidson. Mr. and Mrs. Davidson will live in New Richmond, Ind.

On February 10, in Tacoma, Wash., Marie C. Kane, class of 1918, Mid-Valley Hospital, Peckville, Pa., to Arthur J. Graham. Mr. and Mrs. Graham will live in Tacoma. Miss Kane was with the A. E. F. in France.

On February 10, Katharine Frutchey, class of 1914, Lankenau Hospital, Philadelphia, to Albert Griffith Miller, M.D. Dr. and Mrs. Miller will live in Philadelphia.

On December 30, in St. Francisville, La., Agnes L. Hobycod to Ovide LeJeune. Mr. and Mrs. LeJeune will live in Baton Rouge, La.

On February 25, in Newton, Kansas, Alma Thomas, class of 1917, Axtell Hospital, Newton, to Russell Cane. Mr. and Mrs. Cane will live near Cedar Point, Kansas.

Recently, Nellie Fischer, class of 1917, St. Joseph's Hospital, St. Paul, Minn., to Albert Perriso. Mr. and Mrs. Perriso will live at Cass Lake, Minn.

On March 1, in Philadelphia, Carrie C. Tallman, class of 1907, Protestant Episcopal Hospital, Philadelphia, to John A. Armstrong. Mr. and Mrs. Armstrong will live in Burlington, N. J. Miss Tallman was superintendent of the Lebanon Hospital, Lebanon, Pa.

On February 17, in Baltimore, Grace E. Shepperson, class of 1916, Mercy Hospital Training School, Baltimore, to Anton F. Linder. Mr. and Mrs. Linder will live in Germany. Miss Shepperson served overseas with Base Hospital No. 5 for twenty-three months.

On November 12, in Ottumwa, Iowa, Eva Van Dyke, graduate of Ottumwa Hospital, to Robert M. Moore, M.D. Dr. and Mrs. Moore will live in Indianapolis. Miss Van Dyke served with Base Hospital No. 32 in France.

On February 14, in Indianapolis, Maude Emily Tyner, class of 1917, Protestant Deaconess Hospital, to Albert Dale Huffman, M.D. Dr. and Mrs. Huffman will live in South Bend. Miss Tyner was in service. Prior to her marriage she was superintendent of nurses at the City Dispensary, Indianapolis.

On February 18, in Connersville, Ind., Nettie Swift, class of 1912, Protestant

Deaconess Hospital, Indianapolis, to Clare Lake. Mr. and Mrs. Lake will live in Connersville.

On February 26, in Pittsburgh, Edna Cress, class of 1915, Allegheny General Hospital, to H. T. Kemp. Mr. and Mrs. Kemp will live in Pittsburgh.

On February 16, in Kittaning, Pa., Pearl Priester, class of 1916, Allegheny General Hospital, to William J. Mahon. Mr. and Mrs. Mahon will live in Vandergrift, Pa.

On February 14, in Harrisburg, Pa., Martha Louise Beck, class of 1914, Western Pennsylvania Hospital, Pittsburgh, to Earle J. Patterson. Mr. and Mrs. Patterson will live in Swissvale, Pa.

On March 2, Hope B. Howard, class of 1917, Miriam Barnert Memorial Hospital, Paterson, N. J., to Norman Van Gelder. Mr. and Mrs. Van Gelder will live in Chicago.

On January 10, Ruth Weisdorfer to George Anderson, M.D. Dr. and Mrs. Anderson will live in Spokane, Wash.

On February 10, in Mamaroneck, N. Y., Clara V. Bohrer to H. B. Groy. Mr. and Mrs. Groy will live in Mamaroneck, N. Y.

On February 8, in Visby, Gotland, Sweden, Thyra I. K. Nilsson, class of 1916, Connecticut Training School, New Haven, Conn., to Olof Hoffman. Mr. and Mrs. Hoffman will live in Ruto, Gotland, Sweden.

Recently, Miss Derenthal, class of 1918, Wyckoff Heights Hospital, Brooklyn, to Mr. Hartman.

In December, Mrs. Anna D. Ward, class of 1906, Wyckoff Heights Hospital, Brooklyn, to Mr. Brombley.

The following marriages of graduates of St. Joseph's Hospital, Philadelphia, have taken place within recent months:

Sadie Deveney, class of 1913, to James Early.
Anna Quigley, class of 1910, to John Eckel.
Nellie Wigmore, class of 1904, to C. J. Raffetto.
Gertrude Quinn, class of 1918, to John Martin.
Nancy Day, class of 1910, to Major Joseph E. Maher.

## DEATHS

On January 22, at Great Lakes, Ill., while in service, after a short illness of influenza, Beda M. Bergstrom, class of 1914, Ravenwood Hospital, Chicago.

On February 7, in Flint, Mich., of pneumonia, Mrs. Joseph M. Hendrie, graduate of Illinois Training School, Chicago. Mrs. Hendrie was Blanche E. Russell.

On February 4, in Whittier, Cal., Ethyl Sparling, class of 1918, Homeopathic Hospital, Ann Arbor, Mich. Miss Sparling had a beautiful character, never thinking of her own comfort, but doing for others.

On February 14, in San Antonio, Tex. Mrs. Franz Guard of pneumonia. Mrs. Guard was Lulu Mitchell, class of 1914, Physicians and Surgeons Hospital, San Antonio. In spite of her home duties, she was always willing to help in cases of emergencies. Her two days' old infant was buried with her. She leaves many friends to mourn her loss.

On January 30, in St. Paul, Minn., Mrs. Sade Conway, class of 1906, St. Joseph's Hospital, St. Paul.

On February 12, at St Joseph's Hospital, St. Paul, Minn., of pneumonia, Sister M. Hortense, class of 1913, St. Joseph's Hospital.

On February 7, at the Delaware Hospital, Wilmington, Del., Sarah Adams Crawford, class of 1898, Framington Hospital, Framingham, Mass., of pneumonia. Miss Crawford was attached to the staff of the Visiting Nurses Association for five months, where her work included finding children eligible to admission to Sunnybrook cottage, and helping to organize the work there. The children all loved her. Miss Crawford was appointed as a full time Red Cross public health nurse, January 21. She had planned to take a six weeks' academic course at Teachers College, Columbia University, this summer, and thereafter to help with the Red Cross peace health program. Miss Crawford had held several important positions in Massachusetts and Vermont, and had taken many post-graduate courses and received several degrees. She spent one year overseas with the Red Cross in charge of nursing service, tuberculosis civilian work. Her death is a loss to the community as well as to her fellow-workers. Many organizations were represented at the funeral service.

Recently, in Hinsdale, Ill., after a short illness, Mina Dunlop. Miss Dunlop was Red Cross Public Health nurse at Elkhart, Ind., where she became ill. In her short stay at Elkhart, Miss Dunlop had endeared herself to many, and will be much missed.

Recently, in Indianapolis, Ind., after a long illness following influenza, Elizabeth Evans, class of 1907, St. Vincent's Hospital, Indianapolis.

On February 28, at the Indianapolis City Hospital, Indianapolis, of influenza-pneumonia, Mable Kantz, graduate of Home Hospital, Lafayette, Ind. Miss Kantz was in Red Cross service thirteen months, stationed at Staten Island, N. Y. At the time of her death she was a floor supervisor at the Indianapolis City Hospital.

On February 19, at Macon, Georgia, of pneumonia, Mrs. George H. Swearingen. Mrs. Swearingen was Annie Darling McFerren, class of 1918, Allegheny General Hospital, Pittsburgh.

On February 19, Mrs. Charlotte Raymond Kreider, class of 1915, Allegheny Hospital, Pittsburgh.

Recently, in Montecello, N. Y., after a lingering illness of about nine months, Bella Rosenblum, class of 1919, Miriam Barnert Memorial Hospital, Paterson, N. J. Miss Rosenblum was much beloved by all her classmates and friends. She possessed a charming personality, and was ever conscientious and thorough in her work. All who knew her mourn with the family and feel the loss deeply.

# BOOK REVIEWS

IN CHARGE OF

GRACE H. CAMERON, R.N.

FOOD FOR THE SICK AND WELL. How to Select It and How to Cook It. By Margaret J. Thompson, R.N. World Book Company, Yonkers-on-Hudson, New York. Price, $1.00.

Miss Thompson has given to the public a small number of simple recipes gathered through years of nursing experience. The recipes are practical in that they are plain directions for plain cooking of commonly used foods. Very little seasoning is advocated and no fats are used except butter and cream. Minnie D. Wilbur has written a metrical foreword and Doctor Morgan has written a brief introduction. The last few pages are given up to meager directions for common nursing treatments.

TEACHING THE SICK. A Manual of Occupational Therapy and Re-education. By George Edward Barton, A.I.A. W. B. Saunders Company, Philadelphia and London. Price, $1.50.

Dr. Barton gives in his preface the reason for this book: "Because the Great War has so rapidly increased the number of dependents and decreased the number of producers, interest in the subjects of Occupational Therapy and Re-education has developed so rapidly that it is impossible to keep pace with the new ideas, methods, and developments contained in those subjects. The purpose of this book is to give a clear, concise, and truthful account of what has been actually accomplished in this work. The needs of war, though great, have not exceeded the needs of peace. The Federal Commission on Industrial Relations gives the number of industrial accidents as 735,000 annually." The book is small; yet tells in an interesting way the methods employed, first to interest the patient and then to teach him, at Consolation House, Clifton Springs, N. Y.

PRACTICAL PHYSICS FOR NURSES. By Minnie Goodnow, R.N. With 100 illustrations. W. B. Saunders Company, Philadelphia and London. Price, $1.75.

This is the first book on Physics written especially for nurses. Both Physics and Chemistry are of great importance to a nurse because they are sciences of every day living. A nurse may know a great deal of the scientific and detailed care of a patient and yet have the vaguest ideas of the workings of ordinary household apparatus; to say nothing of the laws of Physics which control the whole human anatomy. Dr. John C. Draper says: "There is not a tissue, organ,

nor function of the body the proper comprehension of which does not involve a knowledge of the laws of Physics. There is hardly a principle of Physics which does not apply to the human body." The first chapter is given up to simply stated definitions. Then follow concise practical chapters on Mechanics, Hydraulics, and Pneumatics. The laws governing each of these divisions are illustrated by well known, commonly used apparatus of the household or by a bit of anatomy with the accompanying function of the part. Heat, Sound, Light, are taught in the same simple, understandable way. The two closing chapters give the elementary laws of Electricity, X-ray and Radium. At the end of the book are one hundred questions for "review and original thinking." For example: Why is the arch of the foot an advantage? Why do knots stay tied? Why is the bulb of a clinical thermometer so long? Why are ground glass globes used on gas or electric lights? Where would you look for trouble, if a patient's bell failed to ring?

HOME NURSING. By Abbie Z. Marsh. With 48 illustrations. P. Blakiston's Son & Company, Philadelphia. Price, $1.25.

The value of a knowledge of simple nursing procedures cannot be overestimated. In time of sudden illness, accident, or emergency, prompt help may often save a life. The present book is, as the title states, written for home use; or for use as a text-book in schools for girls, to supplement the usual courses in anatomy and physiology. It includes the teaching of elementary nursing adapted to the home equipment; first aid treatment in common accidents and emergencies; simple bandaging; care of infants and aged; infant feeding; and description of symptoms of those illnesses most frequently met with, together with the nursing care. The text is consistent throughout, and only the rudiments of nursing are considered. It is a practical book for the home or for popular classes.

EVERYDAY MOUTH HYGIENE. By Joseph Head, M.D., D.D.S. W. B. Saunders Company, Philadelphia and London. Price, $1.00.

A clipping copied from a country newspaper states that that district is progressing, and bases its claim upon the assertion that at the present time practically every family owns a toothbrush! The present day theory is that many ills result from neglected teeth. Not alone the decayed teeth, but also, in a greater degree, possibly, the unclean teeth and gums are a source of serious infection. Consequently the teaching of mouth hygiene is more and more a pressing obligation. The present little book explains and teaches in exact and concise phrases and with clear cut, instructive illustrations, the correct principles of caring for the mouth, teeth and gums.

# OFFICIAL DIRECTORY

**The American Journal of Nursing Company.**—President, Sarah E. Sly, R.N., Birmingham, Mich. Secretary, Elsie M. Lawler, R.N., Johns Hopkins Hospital, Baltimore, Md. Editor and Business Manager, Sophia F. Palmer, R.N., 19 West Main Street, Rochester, N. Y.

**The American Nurses' Association.**—President, Clara D. Noyes, R.N., 1726 M. Street, N. W., Washington, D. C. Secretary, Katharine DeWitt, R.N., 19 West Main Street, Rochester, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 14 East 50th Street, New York, N. Y. Interstate Secretary, Adda Eldredge, R.N., 19 West Main Street, Rochester, N. Y. Biennial convention to be held April 12-17, 1920, in Atlanta, Georgia. Sections: Private Duty, Chairman, Frances M. Ott, R.N., Morocco, Indiana; Mental Hygiene, Chairman, Elnora Thomson, R.N., Hull House, Chicago; Legislation, Chairman, Anna C. Jammé, R.N., State Board of Health, San Francisco, Calif.; Committee on Revision, Chairman, Sarah E. Sly, R.N., Birmingham, Mich.

**The National League of Nursing Education.**—President, S. Lillian Clayton, R.N., Philadelphia General Hospital, Philadelphia, Pa. Secretary, Laura R. Logan, R.N., Cincinnati General Hospital, Cincinnati, Ohio. Treasurer, M. Helena McMilan, R.N., Presbyterian Hospital, Chicago, Ill.

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# Death of The Journal Editor

Sophia F. Palmer, Editor-in-chief of the JOURNAL, died at her summer home, Forest Lawn, N. Y., April 27, 1920.

The news of Miss Palmer's death will be a shock to all who are members of the JOURNAL family, whether or not they knew her personally. It came very suddenly, even to those who were in close touch with her, though she had been feeling far from well this spring and cancelled her plans for attending the convention because she felt so unequal to the exertion. She remained at her post, however, and prepared this issue of the JOURNAL for publication. The editorials which follow are her last work for it. When her assistant returned from Atlanta, Miss Palmer gave up trying to come to the office, but kept in touch with the work still, at her home and by telephone. On Friday, April 23, she left her home in Brunswick Street, where she had lived for many years and which she had just sold, where the JOURNAL office was housed in its early days, and went to her cottage at the lake. Early on Saturday morning, she called her faithful housekeeper, who had been her constant companion, asking her to help her to sit up. It was impossible to raise her, and in a few minutes unconsciousness came. A severe cerebral hemorrhage had occurred, and during the days that followed, Miss Palmer lay peacefully unconscious, as if asleep, gradually growing weaker until the end came.

We have given these details because we know that hundreds of the JOURNAL readers have felt that Miss Palmer was their personal friend, as indeed she was. She had been the editor of this magazine from its first appearance, indeed she was one of the group that worked to establish it.

Some years ago, Miss Palmer gave most implicit instruction to her assistant, that in case of her death, the JOURNAL pages were not to be filled with tributes to her. A simple outline of her life was all she wished to have published. We

can do no less than follow her known wishes in this matter. The pages of the letter department will be open, however, to those who wish to express what she has meant to them.

Sophia F. Palmer was of straight New England stock, being descended from John and Priscilla Alden. William and Walter Palmer, who came over in "The Anne," one of the early ships, were among her ancestors, as were the Richmonds, the Danforths, long connected with Harvard College, and Governor Hinckley, revolutionary governor of Massachusetts. Miss Palmer was born in Milton, Mass., in 1853; her father was a physician. The family moved, later, to Fairhaven, near New Bedford.

Miss Palmer began her training as a nurse at the Massachusetts General Hospital in May, 1876, three years after the first training school had been established. Miss Linda Richards was the superintendent of nurses. This was before the days of aseptic surgery.

After graduating, Miss Palmer spent a year and a half in Philadelphia with Dr. Weir Mitchell, caring for his patients, whom he placed in boarding houses, and then went to the Pacific Coast with an insane patient. The trip took seven days and Miss Palmer was alone with the patient. She stayed in California two years. There was no development in schools for nurses on the Pacific Coast at that time, the only hospital she heard of while there was the County Hospital, of which every one had a dread. When relief was needed for her patient, only practical nurses could be obtained. Miss Palmer was probably the first trained nurse to cross the Rockies.

On her return from the Pacific Coast, Miss Palmer did private nursing for a time and then went to New Bedford to organize St. Luke's Hospital and Training School, remaining there about two years. After some more time spent in private nursing, she returned to the Massachusetts General, ten years after graduation, when Miss Maxwell was superintendent of nurses, and was in charge of various wards for a year, doing substitute work during vacations and obtaining post-graduate experience at the same time. From there she went to the Garfield Memorial in Washington, to reorganize the hospital and to establish the training school. This was done under tremendous opposition. There were no training schools at that time further south than Philadelphia, except one theoretical school in Washington with which many of the leading

physicians were affiliated and which opposed the establishment of the Garfield school. Miss Palmer was at the Garfield Hospital a little more than five years and then spent some time at home with her family.

In 1896, she came to Rochester, N. Y., to reorganize the City Hospital, now the General, and spent five years there. During the last year of her service there she was also organizing the JOURNAL of which she had been made editor-in-chief. She did this for nine months, in addition to her regular work and without salary, as a member of the Publication Committee. She then retired from hospital work to a home of her own and has since then continued to make the editing of the JOURNAL her chief occupation.

Miss Palmer was one of the small group of women who attended the Congress of Nurses in Chicago at the time of the World's Fair in 1893. She was one of the committee which organized the Superintendents' Society, now the National League of Nursing Education. She was one of the committee of twelve appointed from the Superintendents' Society to organize the Associated Alumnae, now the American Nurses' Association. In the early days of the Superintendents' Society she was often one of the Councillors.

During her last year at the General Hospital, while working up the plan of the JOURNAL, she put forth the idea of state registration for nurses. Up to that time it had not been discussed in this country though it had been proposed in England though not in a practical way. The idea came to Miss Palmer through the young physicians coming into the hospital to whom their examinations and registration meant so much. It seemed to her that the same principle of recognition by the state which had been established for doctors might be extended to nurses. Just at that time the New York State Federation of Women's Clubs held a meeting in Rochester and Miss Palmer was asked to read a paper on some subject of interest to both the club women and the nurses of the state. She chose the subject of State Registration for Nurses; this was probably the first public expression of the idea.

Miss Palmer was the first president of the New York State Board of Nurse Examiners, serving during the constructive period when principles were established which have since been applied in all registration work in the country. She was a member of the local and national committees on Red Cross Nursing Service. Indeed, there was not a nursing in-

terest in the country in which she had not a part, either actively or as an adviser. Her loss will be felt in every branch of our profession; our best memorial to her is to carry forward in the best and highest sense, the work to which she gave her life.